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SAN FRANCISCO DEPARTMENT OF

PUBLIC HEALTH

WEEKLY BULLETIN

1956 - 1958

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JANUARY 2, 1956

GAS APPLIANCE HAZARDS

A rise in the mortality from utility or illuminating gas coincides with the onset of colder weather and is associated with the increased use of heating facilities in the home. These needless and preventable deaths should serve to remind all of us of the potential hazards inherent in the use of home gas appliances. While efforts by the American Gas Association, National Safety Council, health departments and others have helped to reduce the fatality index due to gas, the number of annual deaths in San Francisco remain unnecessarily high as the adjoining table indicates.

ACCIDENTAL DEATHS DUE TO UTILITY (ILLUMINATING) GAS, SAN FRANCISCO, 1950 - 1955
(Resident)

	TOTAL	MALE	FEMALE
1955	7*	5	2
1954	6	3	3
1953	7	5	2
1952	10	7	3
1951	7	7	0

* Preliminary

The five year total is 37 deaths, of which 27 are males and 10 are females. These figures do not include suicides when gas was the agent employed nor does it include deaths from carbon monoxide poisoning except when utility gas was the source. All of the above fatalities result from gas appliances which have been illegally installed and operated. It is for this reason that the Department of Public Health requires that gas appliances must be of an approved type and properly installed by licensed dealers under permit and inspection by this department. The law requires that all gas heaters be vented to the outside by connecting to a flue or a chimney. Unvented gas heaters in homes, apartments and rooming houses are a constant danger and faulty connections, improper room ventilation and the human factor of carelessness all add to the hazards. To prevent death or injury from asphyxiation or from fire or explosion, the following simple precautions should be observed:-

(1) Use only gas appliances that are properly vented and installed, (2) Keep rooms ventilated with a window always slightly open, (3) Keep heaters away from furniture, drapes and clothing, (4) Teach children to stay away from gas stoves and heaters.

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STATISTICAL REPORT FOR THE 52nd WEEK ENDING DECEMBER 30, 1955

CASES REPORTED:	For the Week	5-Year Median*	1955 to Date	1954 to Date
CHICKENPOX	38	21	2434	2686
DIPHTHERIA	0	1	1	6
EPIDEMIC MENINGITIS	0	1	17	14
GONORRHEA	32	37	1359	1532
INFECTIOUS HEPATITIS	2	0	40	57
INFLUENZA	0	0	21	18
MEASLES	16	3	2849	4269
MUMPS	17	14	1368	1331
PNEUMONIA, ALL FORMS	0	-	529	320

CASES REPORTED:	For the Week	5-Year Median*	1955 to Date	1954 to Date
POLIOMYELITIS	2	3	38	149
POLIOMYELITIS (DISEASE YEAR)**		-	39	138
RHEUMATIC FEVER	0	0	20	30
SALMONELLOSIS	3	1	117	49
SCARLET FEVER	4	4	237	308
SYPHILIS	4	12	333	347
TUBERCULOSIS	5	17	677	746
TYPHOID FEVER	0	0	5	3
WHOOPING COUGH	0	1	73	105

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	4
Syphilis	1
Tuberculosis	1

	1955	1954
DEATHS RECORDED FOR THE WEEK	183	209
BIRTHS RECORDED FOR THE WEEK	371	373

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "Disease Year" begins on April 1st.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JANUARY 9, 1956

TODAY'S VENEREAL DISEASE PROBLEM

THERE HAS BEEN MUCH SPECULATION THAT THERE IS NO LONGER A PROBLEM IN THE FIELD OF THE VENEREAL DISEASES. TO A LARGE EXTENT, THIS IS BASED UPON THE GREAT DECLINE OF REPORTED CASES OF GONORRHEA AND SYPHILIS--- AND TO A LIMITED EXTENT UPON THE DECREASE IN THE SYPHILIS DEATH RATE AND THE PERCENTAGE OF PATIENTS IN MENTAL HOSPITALS WITH A SYPHILITIC CENTRAL NERVOUS SYSTEM DISORDER. THE DECLINE IN THE SYPHILIS DEATH RATE AND MENTAL HOSPITAL CENSUS CAN BE ATTRIBUTED TO THE INTENSIVE CASE FINDING AND MASS TREATMENT PROGRAMS OF THE 1940's. PEOPLE WITH SYPHILIS WERE FOUND, RELATIVELY EARLY IN THEIR DISEASE, AND THROUGH TREATMENT AVOIDED ITS LATE MAJOR COMPLICATIONS.

WE MUST LOOK ELSEWHERE FOR AN EXPLANATION OF THE DECLINE IN THE REPORTED INCIDENCE OF EARLY INFECTIOUS SYPHILIS. IN THE FIRST PLACE, WE ARE SPEAKING OF THE 'REPORTED' INCIDENCE OF THE DISEASE. THIS DOES NOT NECESSARILY REFLECT THE ACTUAL SITUATION, FOR WE KNOW THAT MANY PRIVATE PHYSICIANS, AS A RESULT OF THE ADVANCES IN THERAPY, DO NOT FEEL SYPHILIS TO BE THE KILLING DISEASE IT ONCE WAS, AND SO ARE LESS INTERESTED IN REPORTING. THIS IS IN ADDITION TO THE NATURAL BUT UNFORTUNATELY MISGUIDED NOTION THAT THE PHYSICIAN IS 'PROTECTING' THE PATIENT WHEN NOT REPORTING THE CASE. THIS SURELY MUST BE THE EXPLANATION OF THE 'DECLINE' IN THE INCIDENCE OF GONORRHEA--- FOR THIS DEPARTMENT HAS BEEN DIAGNOSING AND TREATING ESSENTIALLY THE SAME NUMBER OF PATIENTS WITH GONORRHEA IN THE PAST FIVE YEARS, DESPITE A DECREASE IN THE REPORTED INCIDENCE FROM ALL SOURCES. BUT NOT ALL OF THE DECREASE IN THE INCIDENCE OF EARLY INFECTIOUS SYPHILIS CAN BE ATTRIBUTED TO POOR REPORTING. SYPHILIS, WITH ITS RELATIVELY LONG INCUBATION PERIOD, CAN BE MODIFIED GREATLY IN ITS EVOLVING CLINICAL PICTURE BY EVEN SMALL AMOUNTS OF ANTIBIOTIC AGENTS, AS A CONSEQUENCE OF THEIR WIDE USE, MANY IN THE POPULATION MAY RECEIVE JUST SUCH A MODIFYING DISTINCT FROM CURATIVE, DOSAGE, THUS MASKING SYPHILIS.

THE PERMANENT CONTROL OF MOST OTHER COMMUNICABLE DISEASES RESTS IN THE CONTROL OF THE ENVIRONMENT FAVORABLE TO THE DISEASE, E.G., SANITARY WATER SUPPLIES FOR THE CONTROL OF TYPHOID FEVER. PROMISCUITY IS THE FAVORABLE ENVIRONMENT FOR THE SPREAD OF THE VENEREAL DISEASES BUT NO ONE SUGGESTS THAT THERE HAS BEEN ANY GREAT IMPROVEMENT IN MORALITY IN RECENT YEARS. NEITHER, AS YET, HAVE WE DEVELOPED AN EFFECTIVE IMMUNIZING AGENT. UNDER THE CIRCUMSTANCES, THEREFORE, AN EFFECTIVE VENEREAL DISEASE CONTROL PROGRAM, BASED UPON KNOWN AND ACCEPTED TECHNIQUES, IS NECESSARY TO MAINTAIN THE SMALLEST POSSIBLE RESERVOIR OF THE DISEASES AND TO CONTROL OUTBREAKS BEFORE THEY PROGRESS TO ANY GREAT LEVEL.

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STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 6, 1956

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
CHICKENPOX	18	72	18	30
DIPHTHERIA	0	2	0	0
EPIDEMIC MENINGITIS	0	0	0	1
GONORRHEA	22	34	22	22
INFECTIOUS HEPATITIS	2	1	2	0
INFLUENZA	0	2	0	2
MEASLES	19	11	19	12
MUMPS	27	26	27	19
PNEUMONIA, ALL FORMS	0	-	0	25

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
POLIOMYELITIS	2	1	2	1
RHEUMATIC FEVER	0	0	0	1
SALMONELLOSIS	0	0	0	0
SCARLET FEVER	6	6	6	1
SYPHILIS	3	13	3	9
TUBERCULOSIS	11	10	11	10
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	3	1	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	4
Tuberculosis	4

	1956	1955
DEATHS RECORDED FOR THE WEEK	217	182
BIRTHS RECORDED FOR THE WEEK	263	328

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JANUARY 16, 1956

SAN FRANCISCO'S HEALTH RECORD GOOD IN 1955

The Department of Public Health has entered 1956 with a feeling that 1955 has been a good year to the people of San Francisco.

A provisional report of the causes of death reveals a slight rise in the number of deaths due to heart disease and malignant tumors such as cancer. There was also a rise in the number of deaths due to accidents and to arteriosclerosis. The rise in deaths due to heart disease, cancer, and arteriosclerosis can be attributed in part to the fact that we have such a high percentage of older age groups in our community. The rise in accidents indicates the necessity for concentration upon this problem which is our fourth leading cause of death.

Cirrhosis of the liver, much of which is related to chronic alcoholism, is still our fifth cause of death, thus pointing out again that the Adult Guidance Center must continue to be one of our focal points for the reduction of chronic alcoholism. It appears probable that tuberculosis will drop from the first ten causes of death for the first time in our history.

All of the accomplishments in the field of public health and preventive medicine are due to a close working relationship of the medical profession, voluntary organizations, and hundreds of volunteers associated together in cooperation with the health department and other agencies of government in the prolonging of life through organized community effort. We extend our thanks to these organizations and to these individuals who have given of their time and effort, and of their money, too, for the further reduction of deaths and disability. The more than 2,600 employees of the Health Department are to be commended for their outstanding work during 1955, many times beyond the call of duty. Our thanks go to the press and radio and to others who have assisted in the educational and informational aspects of good community health.

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STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 13, 1956

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
CHICKENPOX	48	89	66	113
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	2	0	1
GONORRHEA	40	40	62	37
INFECTIOUS HEPATITIS	1	0	3	0
INFLUENZA	0	1	0	4
MEASLES	36	14	55	31
MUMPS	79	47	106	53
PNEUMONIA, ALL FORMS	0	-	0	53

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
POLIOMYELITIS	0	0	2	1
RHEUMATIC FEVER	0	2	0	3
SALMONELLOSIS	8	0	8	4
SCARLET FEVER	4	11	10	5
SYPHILIS	4	24	7	9
TUBERCULOSIS	8	16	18	15
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	0	4	1	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	7
Syphilis	2
Tuberculosis	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	210	189
BIRTHS RECORDED FOR THE WEEK	492	378

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JANUARY 23, 1956

SAN FRANCISCO - A PICTURE OF HEALTH

A look at the following provisional statistics bears out what was suggested in last week's Bulletin-----that 1955 was a healthy year for San Franciscans. (These figures have not been corrected for residence, i.e., they apply only to births and deaths occurring within the City and County of San Francisco, whether resident or non-resident).

There were 19,108 births in 1955 as compared with 19,982 for 1954. Deaths remained approximately the same in 1955 as in 1954, 9,519 and 9,521 respectively. Deaths under one year totalled 309 in 1955 compared with 368 in the previous year. Neonatal deaths (within 28 days after birth) also were reduced from a total of 295 in 1954 to 252 in 1955. Maternal deaths remain low with 6 in 1954 and 5 in 1955. As is shown in the following table, the ranking of the leading causes of death remains relatively unchanged.

RANKING CAUSES OF DEATH IN SAN FRANCISCO, 1955 and 1954

(PROVISIONAL, BY PLACE OF OCCURRENCE)

		1955	1954			1955	1954
1.	HEART DISEASE	2942	2762	7.	ARTERIOSCLEROSIS	173	166
2.	MALIGNANT NEOPLASM	1800	1679	8.	SUICIDES	161	183
3.	VASCULAR LESIONS OF CNS.	629	745	8.	PNEUMONIA & INFLUENZA	161	182
4.	ACCIDENTS	363	349	10.	ULCER OF STOMACH and DUODENUM	97	100
5.	CIRRHOSIS OF LIVER	265	309				
6.	DISEASES OF EARLY INFANCY	258	277	11	TUBERCULOSIS	82	104

The first six ranking causes of death remain the same in 1955 as in 1954. However, Arteriosclerosis increased from 9th place to 7th over the past year. In addition, Tuberculosis dropped from the 10th ranking cause of death to 11th place, and Ulcers of Stomach and Duodenum moved from 11th to 10th place. When correction for residence is made, it is probable that Tuberculosis will remain as the 11th leading cause of death, and that Suicides will drop to one of the lower ranking causes of death.

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STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 20, 1956

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
CHICKENPOX	25	65	91	149
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	1	2	1	2
GONORRHEA	37	60	99	62
INFECTIOUS HEPATITIS	2	0	5	0
INFLUENZA	0	1	0	4
MEASLES	30	14	85	44
MUMPS	51	41	157	72
PNEUMONIA, ALL FORMS	0	-	0	61

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
POLIOMYELITIS	1	1	3	1
RHEUMATIC FEVER	0	1	0	3
SALMONELLOSIS	3	1	11	4
SCARLET FEVER	2	9	12	9
SYPHILIS	3	53	10	12
TUBERCULOSIS	13	23	31	37
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	2	4	3	6

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

Pneumonia	4
Syphilis	1
Tuberculosis	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	183	236
BIRTHS RECORDED FOR THE WEEK	420	450

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JANUARY 30, 1956

THE PERIODIC HEALTH CHECKUP

MANY OF THE DISEASES AND AILMENTS THAT AFFLICT MAN CAN BE CURED OR MINIMIZED IF THEY ARE DETECTED EARLY. MEDICAL AND HEALTH AUTHORITIES LONG HAVE URGED THIS EARLY DETECTION BY MEANS OF A PERIODIC HEALTH CHECKUP. THE CONCEPT OF A REGULAR HEALTH APPRAISAL OF A SEEMINGLY WELL PERSON IS NOT NEW. IN THE FIELD OF CHILD HEALTH, THE WELL-BABY CLINICS CONDUCTED BY LOCAL HEALTH DEPARTMENTS AND THE SCHOOL MEDICAL EXAMINATIONS ARE WELL KNOWN. A RECENT SURVEY BY THE AMERICAN ACADEMY OF PEDIATRICS INDICATED THAT OVER HALF OF ALL VISITS TO PEDIATRICIANS ARE FOR HEALTH SUPERVISION. THIS "PREVENTIVE MEDICINE" APPROACH IS ADHERED TO ALSO BY OBSTETRICIANS. THEIR PRENATAL AND POSTNATAL EXAMINATIONS HAVE RESULTED IN HEALTHIER BABIES AND MOTHERS.

AMONG ADULTS GENERALLY, HOWEVER, THE VALUE OF A REGULAR PERIODIC HEALTH CHECKUP IS NOT WIDELY UNDERSTOOD. MANY PEOPLE SEEK MEDICAL ATTENTION ONLY AFTER SYMPTOMS CAN NO LONGER BE IGNORED. THE FEAR THAT AN EXAMINATION MAY REVEAL SOME SERIOUS HIDDEN ILLNESS ACTS AS AN EMOTIONAL DETERRENT. BUT IRRATIONAL AS IT IS, THE ATTITUDE OF "WHAT YOU DON'T KNOW CAN'T HURT YOU" IS VERY COMMON, EVEN AMONG THOSE WHO REALLY DON'T BELIEVE IT. ON THE CONTRARY, IF THE HEALTH APPRAISAL REVEALS NO SIGN OF TROUBLE, THAT'S ENCOURAGING. IF IT SHOWS HIDDEN TROUBLE, THAT IS ALSO GOOD TO KNOW. IT MEANS THE PERSON AND HIS PHYSICIAN CAN ACT PROMPTLY FOR HIS HEALTH AND HAPPINESS. IT MAY MEAN THAT LONG EXPENSIVE TREATMENT, SUFFERING AND LOSS OF WORK CAN BE AVOIDED, AND THE ECONOMIC LOSS TO THE FAMILY REDUCED TO A MINIMUM.

THE FAMILY DOCTOR, WHETHER HE PRACTICES IN HIS OWN OFFICE OR AS A MEMBER OF A GROUP, IS THE LOGICAL PERSON TO CONDUCT THE PERIODIC HEALTH CHECKUP, WHICH IS SIMPLY A SURVEY OF A PRESUMABLY HEALTHY PERSON IN AN EFFORT TO DETECT DISEASE OR DISTURBANCE AT AN EARLY STAGE. IN ADDITION, IT CAN SERVE AS A BASIS FOR HEALTH EDUCATION AND IMPROVED HEALTH PRACTICES FOR THE INDIVIDUAL AND THE FAMILY. IT PROVIDES AN OPPORTUNITY FOR THE PHYSICIAN TO HELP THE PATIENT GAIN A BETTER UNDERSTANDING OF HIS MENTAL AND PHYSICAL HEALTH NEEDS. DESPITE ITS LIMITATIONS, THE PERIODIC HEALTH CHECKUP IS ONE OF THE MOST VALUABLE STEPS THAT THE INDIVIDUAL CAN TAKE AND THE PHYSICIAN CAN ENCOURAGE IN THE FIELD OF PREVENTIVE MEDICINE. THE EXTENSION OF THESE EXAMINATIONS, WITH THEIR VALUE OF DISCOVERING AND TREATING ILLNESSES EARLY, AND THE DEVELOPMENT OF AN ATTITUDE WHICH ACCEPTS THE DOCTOR AS HEALTH COUNSELOR AND GUIDE, WILL LEAD TO IMPROVED INDIVIDUAL AND COMMUNITY HEALTH.

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STATISTICAL REPORT FOR THE 4TH WEEK ENDING JANUARY 27, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	36	56	127	238
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	1	2
GONORRHEA	43	55	142	86
INFECTIOUS HEPATITIS	0	0	5	0
INFLUENZA	1	1	1	4
MEASLES	74	18	159	67
MUMPS	64	38	221	104
PNEUMONIA, ALL FORMS	0	-	0	97

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	2	0	5	3
RHEUMATIC FEVER	0	0	0	3
SALMONELLOSIS	6	0	17	4
SCARLET FEVER	1	12	13	21
SYPHILIS	6	34	16	21
TUBERCULOSIS	11	14	41	54
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	1	3	4	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	1
TUBERCULOSIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	191	203
BIRTHS RECORDED FOR THE WEEK	310	338

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — FEBRUARY 6, 1956

RHEUMATIC FEVER

With the observance of February as American Heart Month, it is timely to review the status of rheumatic fever as it affects San Francisco children. The San Francisco Department of Public Health maintains a Cardiac Registry of children with a history of rheumatic fever or rheumatic heart disease. An examination of the Registry records indicates that there has been a gratifying decrease in the incidence of rheumatic fever in the past ten years. In 1946, 181 children were reported as having rheumatic fever, while in 1955 only 56 children were reported as having the disease. This decrease in the incidence of rheumatic fever was not paralleled by any marked decrease in the incidence of recurrences of rheumatic fever until 1953. At this time a campaign was instituted to place every child with a definite history of rheumatic fever or with rheumatic heart disease on a prophylactic regime of either sulfadiazine or penicillin. In 1953 the incidence of recurrences was 20 cases or 35% of the total cases of rheumatic fever. These figures dropped to only 4 cases or 12% of the total cases in 1955.

Thus while all evidence points to the fact that rheumatic fever and rheumatic heart disease are decreasing in incidence in San Francisco, as yet the problem has not by any means been solved. It is essential to continue the educational aspects of the program to decrease the incidence of rheumatic fever and its recurrences by the proper use of penicillin for the treatment of beta hemolytic streptococcal infections. Further, it is important to stress the administration of a daily dose of an antibiotic such as sulfadiazine or penicillin. It is also necessary to maintain such a program at a high level so that the gains thus far established will not be lost. This can be done by continued activity on the part of all agencies interested in the welfare of children, particularly the continued cooperation and implementation of such programs by the San Francisco Heart Association in cooperation with the Department of Public Health.

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STATISTICAL REPORT FOR THE 5TH WEEK ENDING FEBRUARY 3, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	16	75	143	285	POLIOMYELITIS	1	0	6	3
DIPHTHERIA	0	2	0	0	RHEUMATIC FEVER	0	0	0	3
EPIDEMIC MENINGITIS	1	0	2	3	SALMONELLOSIS	9	0	26	5
GONORRHEA	31	59	173	103	SCARLET FEVER	4	13	17	28
INFECTIOUS HEPATITIS	1	0	6	1	SYPHILIS	3	28	19	30
INFLUENZA	1	2	2	4	TUBERCULOSIS	15	23	56	70
MEASLES	34	14	193	78	TYPHOID FEVER	0	0	1	1
MUMPS	29	47	250	125	WHOOPING COUGH	0	2	4	9
PNEUMONIA, ALL FORMS	0	-	0	118					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1956	1955
PNEUMONIA	1	DEATHS RECORDED FOR THE WEEK	178	162
SYPHILIS	1	BIRTHS RECORDED FOR THE WEEK	520	364
TUBERCULOSIS	1			

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

NOTE: ON HEART DAY, FEBRUARY 13, THE SAN FRANCISCO HEART ASSOCIATION'S LUNCHEON AT THE SHERATON-PALACE HOTEL AND AN EVENING MEETING AT THE SAN FRANCISCO MEDICAL SOCIETY'S AUDITORIUM WILL FEATURE DR. PAUL DUDLEY WHITE, EMINENT BOSTON HEART SPECIALIST, AS GUEST SPEAKER.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — FEBRUARY 14, 1956

HOME ACCIDENTS DUE TO FALLS

Accidental falls in the home killed nearly 15,000 Americans in 1954. With a total of some 28,000 home accident deaths in the nation, it is readily seen that over one-half of these deaths resulted from falls. Here in San Francisco the hazards of home life also are reflected in the statistics for 1954, which reveal that while 77 people lost their lives in traffic accidents, 176 deaths occurred from accidents in and about the home. Ninety-four, or slightly over one-half of these home accident fatalities were listed under the classification "accidental falls". In addition, falls were the principal cause of home accident deaths in persons 65 years of age and older. Of course, many other accidental falls occurred which though not fatal did produce disabling injuries of varying kinds and degrees. It is roughly estimated that for each death, there are 4 permanent disabilities from home accidents.

What are the factors involved in home accidents due to falls? In general, the hazards lie either in human factors or in the environment. The human factors contributing to accidents include impaired physical condition, mental factors such as emotional reactions of fear or worry, "accident proneness" and ignorance or faulty judgment in recognizing hazards of environment or of action. Because of the complexity of the subject there is much we need to learn of the relationship of physical and mental conditions to accidents in the home.

Other accidental falls are attributable to a faulty environment. Here we have a better understanding of the factors involved and the preventive measures which can be taken. Environmental hazards include faulty design or construction, poor maintenance and careless housekeeping. Certainly, many accidental falls in the home can be prevented by the observance of the following brief list of precautions:

1. All floors, stairs and passageways kept clear
2. Smooth but non-skid floors and floor coverings
3. Stairways with handrails, good lighting controlled at both head and foot of stairs, and a white strip on bottom and top step of basement stairs.

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STATISTICAL REPORT FOR THE 6TH WEEK ENDING FEBRUARY 10, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	24	70	167	356
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	1	2	4
GONORRHEA	28	44	201	123
INFECTIOUS HEPATITIS	0	0	6	3
INFLUENZA	0	7	2	6
MEASLES	54	12	247	111
MUMPS	54	30	304	160
PNEUMONIA, ALL FORMS	4	-	4	137

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	2	1	8	3
RHEUMATIC FEVER	0	1	0	4
SALMONELLOSIS	6	1	32	7
SCARLET FEVER	3	4	20	33
SYPHILIS	5	26	24	32
TUBERCULOSIS	10	17	66	86
TYPHOID FEVER	0	0	1	1
WHOOPING COUGH	0	2	4	9

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	3
TUBERCULOSIS	3

	1956	1955
DEATHS RECORDED FOR THE WEEK	223	219
BIRTHS RECORDED FOR THE WEEK	308	387

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — FEBRUARY 20, 1956

A COOPERATIVE RELATIONSHIP

The San Francisco Medical Society, a professional organization of medical doctors with nearly 2,000 members, moved it headquarters to a new building on Masonic Avenue in April of last year. But of greater importance than the modern and improved facilities of the organization is the community mindedness of its members.

While the relationship of the medical profession to the public traditionally has been that of individual physician with individual patient, the increasing complexity of our modern life, particularly as exemplified in an urban community such as ours, has brought about a greater interdependence of both individuals and groups. The increasing active participation by the physician in a variety of organizations devoted to the betterment of the health of the people of San Francisco reflects an awareness by him that his desire to serve his fellow man can be realized most fully through individual medical service supplemented by group and organizational activities. It is satisfying to us to see physicians participating as consultants and as members of boards of directors of various community health and welfare organizations. It indicates the sense of responsibility felt for the prevention and correction of illnesses of the community as well as for the individual patient.

An important element of progress in San Francisco's endeavor to protect and promote the public health is the excellent, closeworking relationship that exists between the San Francisco Medical Society and the San Francisco Department of Public Health. We are grateful for the assistance and understanding of the officers and Board of Directors of the Medical Society and the members of its many committees with which it has been our privilege to work. Certainly the working cooperation of the physician members of the Society with this Department has given us strength and confidence in carrying out our share of the community health program. We feel that the progress in public health which we have made thus far is closely related to this strong cooperation we receive from the medical profession and from other organizations whose interest coincide with ours.

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STATISTICAL REPORT FOR THE 7TH WEEK ENDING FEBRUARY 17, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	10	79	177	452	POLIOMYELITIS	1	0	9	5
DIPHTHERIA	0	1	0	0	RHEUMATIC FEVER	0	1	0	4
EPIDEMIC MENINGITIS	1	1	3	4	SALMONELLOSIS	7	0	39	11
GONORRHEA	34	41	235	153	SCARLET FEVER	2	11	22	43
INFECTIOUS HEPATITIS	0	1	6	3	SYPHILIS	6	24	30	42
INFLUENZA	1	0	3	6	TUBERCULOSIS	10	19	76	103
MEASLES	38	22	285	144	TYPHOID FEVER	0	0	1	1
MUMPS	46	46	350	194	WHOOPING COUTH	0	4	4	10
PNEUMONIA, ALL FORMS	0	-	4	166					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	8
SYPHILIS	1
TUBERCULOSIS	3

	1956	1955
DEATHS RECORDED FOR THE WEEK	193	211
BIRTHS RECORDED FOR THE WEEK	261	353

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — FEBRUARY 27, 1956

SUICIDE

Suicide was the tenth ranking cause of death in San Francisco in 1951 and 1952, ninth in 1953 and 1954 and apparently eighth in 1955 when 161 deaths (provisional) were recorded. Since many suicides are not reported or are made to appear accidental, complete figures for the nation would show perhaps as many as 50,000 suicides a year. Shocking as this is, it does not begin to portray the amount of self destruction that actually occurs. Many other types of death are either a slow or unrecognized type of self destruction such as in alcoholism which is the main contribution to San Francisco's fifth cause of death, cirrhosis of the liver. Even in deaths from the leading cause, heart disease, are included those who lived with reckless disregard for the capacity of their bodies or the state of their health.

An all too prevalent attitude that no one really cares what happens to him and a fear of social rejection if age or ill health slow him down seems to be involved in self destructive living and in many actual suicides. Significantly, suicides increase with good weather when the average person is feeling light hearted and optimistic.

Beneath most of this we find depression, chronic or acute, with its low self esteem and rage because of loss or fancied loss of love from intimates, or even the world at large. This rage is turned inward and he destroys not only himself but his world as well. The rage may even be of homicidal intensity as is born out by the finding that one out of six people committing suicide kills or tries to kill from one to five persons before he destroys himself.

What can be done to reduce this appalling toll? Depressed and unhappy people must be recognized as ill and this illness as a danger both to the ill person and those around him. Mental health and public health agencies must concern themselves with public morale.

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STATISTICAL REPORT FOR THE 8TH WEEK ENDING FEBRUARY 24, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	28	89	205	521
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	1	3	4
GONORRHEA	12	27	247	193
INFECTIOUS HEPATITIS	0	0	6	4
INFLUENZA	0	6	3	7
MEASLES	52	38	337	172
MUMPS	43	41	393	218
PNEUMONIA, ALL FORMS	0	-	4	179

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	0	0	9	5
RHEUMATIC FEVER	0	1	0	4
SALMONELLOSIS	5	0	44	14
SCARLET FEVER	2	8	24	57
SYPHILIS	7	18	37	49
TUBERCULOSIS	11	21	87	117
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	0	2	4	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	204	186
BIRTHS RECORDED FOR THE WEEK	336	255

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

DOCUMENTS DEPT.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — MARCH 5, 1956

DENTAL HEALTH - TODAY AND TOMORROW

Children's Dental Health Week, sponsored by the San Francisco Dental Society, is being observed this week in San Francisco. The dentists themselves, individually and through their professional organization, the Departments of Education, and Public Health and Many other professional and lay groups in San Francisco, have a part to play in the solving of the City's dental health problems. The most effective results will be achieved through their combined and coordinated efforts. Although over 95% of the population is afflicted with some kind of dental disorder, the application of the advances in dental science and education of school children and the public, provide the means of insuring that today's children will grow up relatively free from dental disease. Since dental disorders have their start in childhood, and even before birth, early attention to proper health practices will help the child to avoid the dental ailments that plague today's adults. Some parents may be perplexed as to just what procedures to follow and the specialists in this field of health, the dentists, have outlined a relatively simple four point program based on sound scientific evidence.

TOOTHBRUSHING: Teeth should be brushed as soon as possible after eating and one satisfactory method is to brush the teeth the way they grow, away from the gums and toward the biting surface. Rinsing out the mouth with water after eating is the next best thing. Dentrifices, which should not be chosen on the basis of any therapeutic claims can be an aid in cleaning teeth, but it is the toothbrush that helps prevent dental disorders - not the dentrifice.

NUTRITION: A well balanced diet is particularly valuable while the teeth are forming and to prevent dental caries, the most important dietary rule is to reduce the consumption of refined sugars in food and beverages.

FLUORIDATION: Fluoridation of public water supplies to make teeth more resistant to decay is quietly revolutionizing the dental health outlook. Scientific studies have shown that where this procedure has been used, tooth decay has been reduced as much as 65%, and in no case have any harmful effects been substantiated. More than 1,100 American communities, including San Francisco, have adopted fluoridation as a necessary public health measure.

PERIODIC DENTAL VISITS: Regular examinations by a dentist will reveal cavities, and other irregularities before they become serious and increase the chances of complete correction of the condition.

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STATISTICAL REPORT FOR THE 9TH WEEK ENDING MARCH 2, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	40	121	245	614	POLIOMYELITIS	1	0	10	5
DIPHTHERIA	0	0	0	0	RHEUMATIC FEVER	1	1	1	4
EPIDEMIC MENINGITIS	0	1	3	5	SALMONELLOSIS	4	0	48	14
GONORRHEA	28	39	275	224	SCARLET FEVER	2	9	26	67
INFECTIOUS HEPATITIS	2	0	8	4	SYPHILIS	4	23	41	55
INFLUENZA	0	10	3	7	TUBERCULOSIS	19	19	106	136
MEASLES	76	55	413	197	TYPHOID FEVER	0	0	1	2
MUMPS	86	51	479	253	WHOOPING COUGH	1	2	5	16
PNEUMONIA, ALL FORMS	1	-	5	215					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1956	1955
PNEUMONIA	5	DEATHS RECORDED FOR THE WEEK	239	193
TUBERCULOSIS	3	BIRTHS RECORDED FOR THE WEEK	426	432

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — MARCH 12, 1956

THE NUISANCE COMPLAINT

Among the many and varied tasks of the health inspector is that of investigating and where necessary, correcting insanitary conditions brought to his attention by means of a nuisance complaint. These complaints are mailed, phoned or brought in person to the health department every day and form part of the health inspector's daily assignment. Though probably forming the least interesting aspect of his work, the inspector recognizes the importance of the nuisance complaint in bringing many hidden insanitary conditions to light which can then be prevented from assuming major proportions. In addition, these complaints serve as a means whereby the inspector can constantly spot check the sanitary conditions within his assigned district.

But the nuisance complaint is more than a preventive measure. It also serves to educate. It enables the inspector to keep in touch with those people in the community who want to cooperate as well as those who neglect to cooperate in maintaining sanitary conditions. In each of the contacts thus made, the inspector can explain the importance of sanitary measures and the whys and wherefores of the laws that must be complied with. Thus the inspector builds up within the community unconsciously but quite inescapably, a regard for what may affect the health of others.

The health officer is required by law to take suitable action in all cases of real public health nuisances, since their abatement may result in saving lives. The health department as a whole, like any other forward-looking organization welcomes such complaints since they represent community interest in the furtherance of its program. But because a large percentage of these complaints have no substantial relation to public health, they constitute an administrative problem. Investigating those which are at best only esthetic, e.g., dog nuisances, merely serves to annoy the people concerned and waste the inspector's time which could be spent in more constructive measures. A little thought as to whether the matter is of real public health significance, or even a little initiative on one's own part in correcting it would go far in helping us to make better use of the time of personnel involved in the protection of the public from its environment.

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STATISTICAL REPORT FOR THE 10TH WEEK ENDING MARCH 9, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	37	120	282	712
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	1	3	5
GONORRHEA	32	48	307	253
INFECTIOUS HEPATITIS	0	1	8	5
INFLUENZA	0	6	3	7
MEASLES	99	42	512	245
MUMPS	62	60	541	327
PNEUMONIA, ALL FORMS	1	-	6	231

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	5	0	15	5
RHEUMATIC FEVER	0	0	1	4
SALMONELLOSIS	2	0	50	17
SCARLET FEVER	1	12	27	74
SYPHILIS	8	33	49	62
TUBERCULOSIS	11	29	117	154
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	2	4	7	17

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	1
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	232	213
BIRTHS RECORDED FOR THE WEEK	392	376

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — MARCH 19, 1956

COMMUNITY HEALTH WEEK

The week of March 18 to 25 has been designated Community Health Week throughout the country and has a twofold purpose:- To determine the important health needs of the community, and to devise means and methods of meeting these needs. San Francisco has insured that its health needs will be taken care of by providing itself with a medical profession alert to its community responsibility, a well organized Health Department, and active voluntary health agencies. This is evidence of the community's interest in keeping health standards at a high level, with the result that we have a community relatively free of communicable disease, low infant mortality and adequately safe from environmental hazards.

But favorable as these indications are, there is no basis for ceasing our community efforts. The solution of our health problems does not end with the provision of agencies or services, no matter how well organized or good. There are still substantial health problems to be faced, many of which are associated with the changing nature of our population. Generally speaking, we believe the major public health problems in San Francisco revolve around the degenerative diseases, accidents and excessive use of alcohol. The rise in deaths due to heart disease, cancer and arteriovascular lesions can be attributed in part to the fact that we have such a high percentage of older age groups in our community. Deaths due to accidents still involve a cross-section of our population and constitute the major cause of deaths from one year through twenty-four with home accidents the cause of approximately three quarters of these accidental deaths. There has been a slight decrease in cirrhosis of the liver as a cause of death, but there has been no evidence that alcoholism as a community health problem has been reduced by all of the efforts we are directing toward it.

Our patient is the entire community and our modus operandi involves organized community effort. The Department is a resource of information and service to other community agencies. The practicing physician, his Medical Society, the voluntary health agencies and an alert citizenry are a part of the community effort. The strength lies not in the static resource, but in its activity in a cooperative approach to our mutual problem.

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STATISTICAL REPORT FOR THE 11TH WEEK ENDING MARCH 19, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	26	119	308	793
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	1	3	7
GONORRHEA	21	37	328	297
INFECTIOUS HEPATITIS	0	0	8	6
INFLUENZA	0	3	3	9
MEASLES	108	72	620	285
MUMPS	53	67	594	366
PNEUMONIA, ALL FORMS	1	-	7	256

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	1	1	16	5
RHEUMATIC FEVER	0	2	1	4
SALMONELLOSIS	8	0	58	26
SCARLET FEVER	5	12	32	81
SYPHILIS	10	33	59	69
TUBERCULOSIS	9	29	126	172
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	3	4	10	17

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
SYPHILIS	1
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	196	198
BIRTHS RECORDED FOR THE WEEK	379	293

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — MARCH 26, 1956

EDUCATION OF THE FOOD HANDLER

Although insanitary food handling has not been proven to be a major cause of mortality, the number of persons made ill each year, the dramatic nature of food-borne diseases and public demand compel health departments to give serious consideration to this problem and its prevention. To this end, health departments are required by necessity and law to supervise sanitation in restaurants and other food-handling establishments.

But health departments have long since learned through experience and actual results - or the lack of progressive results - that the supervision of food handling establishments through inspection alone is not the answer to preventing the spread of disease by food and utensils. The facts behind this reasoning are apparent when one realizes that the physical condition of equipment and general operational procedure, at the time of inspection, is all the inspector can determine on his visit, when food handling and operation may be better than it is usually. The spread of diseases caused by food handling establishments depends primarily on the knowledge of the employees and proprietors as to the cause of these diseases and their willingness to take the proper precautions. Food outbreaks such as occur at restaurants are not prevented by police methods or routine inspections, but by good day to day hygienic technique on the part of employees who can acquire this basic knowledge of sanitation through a planned educational program. This Health Department conducts two such sanitary food handling programs on the first three Monday and Wednesday evenings of each month throughout the year.

While in many places attendance at such programs is mandatory by law for all food handling personnel within six months of commencing such work, San Francisco which began its efforts in this direction ten years ago, is still committed to voluntary attendance. For this reason, progress has been slow and much remains to be done, despite the warm endorsement of this program by many local organizations and agencies. With nearly 25,000 food handlers of all kinds in San Francisco, the approximately 1,000 per year total attendance is not enough. It is hoped that the time is not too far distant when State legislation will make it mandatory for every food handler in California to attend the nearest food handler's course, not just once, but every two years.

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STATISTICAL REPORT FOR THE 12TH WEEK ENDING MARCH 23, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	23	110	331	902
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	1	3	8
GONORRHEA	27	44	355	338
INFECTIOUS HEPATITIS	1	1	9	9
INFLUENZA	1	4	4	9
MEASLES	107	102	727	351
MUMPS	53	59	647	412
PNEUMONIA, ALL FORMS	7	-	14	266

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	1	1	17	5
RHEUMATIC FEVER	2	0	3	7
SALMONELLOSIS	2	0	60	29
SCARLET FEVER	5	8	37	90
SYPHILIS	3	25	62	74
TUBERCULOSIS	9	19	135	187
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	1	4	11	17

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	9
TUBERCULOSIS	1
SYPHILIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	217	211
BIRTHS RECORDED FOR THE WEEK	384	310

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — APRIL 2, 1956

THE CENTRAL HEALTH COMMITTEE

School administrators recognize that it is poor economy to spend taxpayer's dollars to educate a child who is in no condition to receive this education. A child who is malnourished or whose sight or hearing is impaired, suffers in the learning process. Physical handicaps and emotional disturbances often go hand in hand and serve to aggravate each other, interfering even more with the ability of the child to profit to the fullest from his school experience. From a public health point of view preventive measures taken during this long and crucial stage of development may have a beneficial lifelong effect and may be more easily carried out than if deferred until growth is complete. In addition, the school as a social unit of the community offers opportunities to make the health services an educational experience which in turn influences not only the families of the students, but in time, the whole population. For these reasons, school and health departments participate jointly in the School Health Program and share the common objectives of seeing that each school child is in an optimal state of physical and mental health and develops good health attitudes and habits which he will carry through life.

In San Francisco, the school health services are traditionally provided by the Health Department. The Central Health Committee was developed from a need to establish integrated and cooperative action in dealing with these health services provided to our schools. Comprising eighteen people representing administrative and supervisory personnel from both departments, the committee assists the school superintendent and health officer in planning and carrying out the details of the School Health Program. It also provides a simple, orderly and convenient mechanism for determining and implementing school health policies in the light of local and administrative needs. Problems and policies are studied together and the best practical solution agreed upon after thorough consideration of the point of view of all concerned. With the kind of teamwork represented by this committee the community can feel assured of improved health for the school age child.

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STATISTICAL REPORT FOR THE 13TH WEEK ENDING MARCH 30, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	30	116	361	997
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	0	3	8
GONORRHEA	28	28	383	367
INFECTIOUS HEPATITIS	1	0	10	11
INFLUENZA	0	4	4	9
MEASLES	106	65	833	427
MUMPS	73	93	720	456
PNEUMONIA, ALL FORMS	2	-	16	286

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	3	1	20	5
RHEUMATIC FEVER	1	1	4	7
SALMONELLOSIS	8	0	68	35
SCARLET FEVER	5	9	42	96
SYPHILIS	14	22	76	84
TUBERCULOSIS	22	18	157	207
TYPHOID FEVER	0	0	1	4
WHOOPING COUGH	3	4	14	21

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
INFLUENZA	1
PNEUMONIA	4
SYPHILIS	2
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	207	198
BIRTHS RECORDED FOR THE WEEK	414	391

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — APRIL 9, 1956

NUTRITION AND THE AGING POPULATION

While there is much to be learned about the relations between nutrition, chronic disease and the aging process, research indicates a frequent direct or indirect connection between them. Though age by itself does not produce any nutritional problems that do not have their counterpart at all stages of adult life, proper nutrition can help to prolong a healthy condition and forestall the early onset of chronic illness and dependency. Two of the problems with which public health is concerned in this regard are obesity and malnutrition. Increasing numbers of persons now live to the ages when obesity impairs their health and life expectancy and for this reason public health officials and physicians today feel that in the light of our present knowledge weight control is a logical approach to the promotion and maintenance of optimal health and the prevention of some of the chronic diseases in middle and later life. Weight control is the patient's responsibility, and it is the job of the physician and others to educate the patient to accept this responsibility and to show him how to reach his objective.

The other side of this problem of weight control, not as common, but just as difficult to manage is malnutrition. The older person, observing deteriorative changes in himself and a loss of a sense of well being, is particularly susceptible to the propaganda regarding "nutritional" treatments, diet miracles and special food nostrums for the preservation of vigor or the extension of life. Adherence to these food fads frequently results in diet inadequacy and malnutrition. Part of the problem of providing nutritional help for the older person is in educating him to the belief that his nutritional needs are not different in kind, but only in amount. A well balanced diet of meat, milk, fruit, vegetables and cereals is as important for the older individual as for the child or young adult.

The private physician, the health department and, in fact, the entire community, each has a responsibility in the solution of these problems and in conserving and promoting the health of our older people. What we do for and with our older people today, we shall be doing for ourselves tomorrow.

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STATISTICAL REPORT FOR THE 14TH WEEK ENDING APRIL 6, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	19	140	380	1092
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	2	0	5	8
GONORRHEA	31	52	414	392
INFECTIOUS HEPATITIS	1	-	11	11
INFLUENZA	0	4	4	9
MEASLES	114	90	947	493
MUMPS	47	61	767	507
PNEUMONIA, ALL FORMS	3	-	19	314

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	1	0	21	5
RHEUMATIC FEVER	0	0	4	7
SALMONELLOSIS	3	0	71	35
SCARLET FEVER	4	8	46	101
SYPHILIS	14	31	90	89
TUBERCULOSIS	18	13	174	222
TYPHOID FEVER	0	0	1	4
WHOOPING COUGH	0	3	14	21

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFLUENZA	1
PNEUMONIA	6
SYPHILIS	2
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	222	194
BIRTHS RECORDED FOR THE WEEK	401	349

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — APRIL 16, 1956

THE SWORD OF HOPE

In 1900 when the average person could be expected to live about forty-nine years, tuberculosis was the first cause of death, heart disease was third on the list and cancer seventh. Today when the average person can expect to live to the age of sixty-six, heart disease assumes first place and cancer second. As the population ages and the problem becomes more serious, it is only natural that cancer control should receive greater attention. The long hard fight to increase public knowledge about cancer and the beneficial effects of early treatment has shown highly encouraging results thus far. But if, according to the American Cancer Society's statistics, we are able to cure up to 98% of skin cancers, but actually do not; if we are able to cure 45% of stomach cancers, but only cure 4%; if we can cure 80-90% of breast cancers but cure only 35%; if we can cure 85% of rectal cancers but actually cure only 14% -- then we still have a tremendous job of cancer education to perform.

To tell the public the truth about cancer is no easy task and the truth is not simple, nor always palatable. Yet it must be told, if lives are to be saved. Today our doctors are saving about one in four cancer patients. This rate could be doubled, without a jot of further knowledge if patients would consult them in time and receive prompt and thorough treatment. The challenge is inescapable. As one step toward meeting it, the San Francisco Branch of the American Cancer Society is planning a large scale house to house campaign during the month of April, designed to bring this message to San Francisco's doorsteps. It is hoped that through this drive, hundreds of our citizens, though marked for cancer, may be saved. Every time a man or woman through personal knowledge of the danger signals goes for a periodic eheckup, the entire battle against cancer registers one small victory and one more stimulus to greater effort.

The problem of early diagnosis still remains immense and formidable. Its solution lies in establishing a new national habit of health, a periodic physical checkup, which looks beyond the traditional signs of illness to the possible presence of this deadly disease in a very minor symptom. This is our hope.

FIGHT CANCER WITH A PHYSICAL CHECKUP!

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STATISTICAL REPORT FOR THE 15TH WEEK ENDING APRIL 13, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	51	86	431	1130
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	5	8
GONORRHEA	17	26	431	392
INFECTIOUS HEPATITIS	4	0	15	12
INFLUENZA	0	0	4	9
MEASLES	103	46	1050	510
MUMPS	53	60	820	527
PNEUMONIA, ALL FORMS	1	0	20	314

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	1	0	22	5
RHEUMATIC FEVER	0	2	4	7
SALMONELLOSIS	1	0	72	36
SCARLET FEVER	2	11	48	108
SYPHILIS	8	37	98	90
TUBERCULOSIS	20	17	193	230
TYPHOID FEVER	1	0	2	4
WHOOPING COUGH	2	4	16	21

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	7
TUBERCULOSIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	205	225
BIRTHS RECORDED FOR THE WEEK	404	414

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — APRIL 23, 1956

VD AND THE TEENAGER

Despite the progress that we have made in lowering the incidence of venereal disease in the general population, we must keep in mind that the entire battle has not as yet been won. To maintain the gains we have made and continue to extend them in the future, the venereal disease program must keep abreast not only of social and therapy advances but also of current changes in the character and location of the problem.

One facet of the problem which is receiving increased attention these days, is the rising rates of venereal disease among teenagers. National figures indicate that approximately 200,000 teenage boys and girls are being infected with venereal disease each year. Recent outbreaks of venereal disease involving high percentages of teenagers, and the extensive juvenile delinquency which has recently been of so much concern, high lights the serious problem which exists in our venereal disease program and to which our utmost efforts must be directed. Venereal disease prevention is by no means a medical problem alone. Health workers, charged with the responsibility of preventing syphilis and gonorrhea, realize today more than ever before that venereal disease is just one of the casualties resulting from anti-social or irresponsible social behavior. They recognise that the factors which contribute to juvenile delinquency also contribute to sexual promiscuity and to the spread of infection.

The prerequisites of a good social development are the same as those of a good emotional and character development, where the parents themselves have a good emotional relationship and a healthy attitude toward instinctive demands. Venereal disease patients are not found to come from homes where there is an affectionate relationship and confidence between parents and children and between the parents themselves. Rather, they come from broken homes, often homes where the child has been left to drift with little parental guidance or assistance. San Francisco is fortunate in having the means at hand to correct our insufficiencies in this regard. The Adult Education Division of the School Department, the San Francisco Social Hygiene Association and other community agencies have developed a community education program, the Family Life Education Services, to enable parents to learn how to fulfill their responsibilities to each other and to their children. The services provided will ultimately furnish real protection for the coming generation by increasing the existence of sound ahd happy marriages, reduce the incidence of promiscuity and as a consequence reduce the overall incidence of venereal disease.

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STATISTICAL REPORT FOR THE 16TH WEEK ENDING APRIL 20, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	18	108	449	1208
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	0	5	9
GONORRHEA	17	46	448	433
INFECTIOUS HEPATITIS	0	0	15	12
INFLUENZA	1	0	5	12
MEASLES	149	35	1199	595
MUMPS	62	50	882	573
PNEUMONIA, ALL FORMS	1	-	21	314

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	1	0	23	7
RHEUMATIC FEVER	0	1	4	8
SALMONELLOSIS	4	1	73	39
SCARLET FEVER	1	11	49	112
SYPHILIS	10	29	108	100
TUBERCULOSIS	17	21	209	246
TYPHOID FEVER	0	0	2	4
WHOOPING COUGH	0	2	16	23

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	198	173
BIRTHS RECORDED FOR THE WEEK	392	402

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — APRIL 30, 1956

MENTAL HEALTH SERVICES

There is a growing awareness that mental health is a major public health problem in San Francisco. This is indicated statistically by our high suicide rate and by the abnormal proportion of alcoholics as evidenced in the relatively high death rate from cirrhosis of the liver. Hence it may be appropriate during this Mental Health Week of April 29 - May 5 to indicate some of the services that are available to combat and prevent emotional illness.

Our first line of defense and offense, of course, is the family doctor who often sees the patient originally. He is supported by those of the medical profession who specialize in psychiatry. These with psychologists and psychiatric social workers constitute the professional front line. Specialized services in psychiatry are available in a number of institutions in San Francisco. Outpatient care may be had through clinics operated at Mount Zion Hospital, Stanford Hospital, St. Mary's Hospital and the Langley Porter Clinic of the U. C. Medical Center. The Mental Health Committee of the San Francisco Medical Society represents the organized approach of the medical profession. Community participation revolves primarily around the San Francisco Mental Health Society.

Complementing and supplementing these services are those of the San Francisco Health Department, aided by organized community effort and utilizing all available community facilities. In the general field of emotional growth, the Division of Mental Hygiene maintains a Child Guidance Clinic for the purpose of early recognition of emotional problems and conflicts and the prevention of further complications to the child and to the family. The second major service of this Department in the field of emotional health is the Adult Guidance Clinic offering medical and psychiatric assistance to individuals with drinking problems as well as consultation to significant family members whose cooperation is needed if the problem of the alcoholic is to be properly managed. The third major service available is the Psychiatric Division of the San Francisco Hospital which is an inpatient facility for the evaluation and diagnosis of emotional illness and acute therapy (not to exceed ninety days), where needed. Connected with this is an outpatient clinic which is related at the moment primarily to the follow-up of inpatients. We believe that all these facilities serve an extremely useful purpose in the management of problems involving emotional illness and can be generally utilized by the medical profession and the public alike.

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STATISTICAL REPORT FOR THE 17TH WEEK ENDING APRIL 27TH, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	19	95	468	1264
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	0	5	9
GONORRHEA	20	22	468	467
INFECTIOUS HEPATITIS	2	1	17	12
INFLUENZA	0	0	5	12
MEASLES	215	33	1414	670
MUMPS	94	53	976	610
PNEUMONIA, ALL FORMS	2	-	23	346

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	2	0	25	7
RHEUMATIC FEVER	0	1	4	10
SALMONELLOSIS	1	0	77	42
SCARLET FEVER	5	10	54	119
SYPHILIS	2	13	110	111
TUBERCULOSIS	17	16	225	262
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	0	3	16	25

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
DYSENTERY (SHIGELLA)	1
SYPHILIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	207	200
BIRTHS RECORDED FOR THE WEEK	304	357

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — MAY 7, 1956

SAN FRANCISCO'S HOME CARE PROGRAM

Since the beginning of this year, a community wide demonstration home care program has been in operation in this city, under the leadership of Mount Zion Hospital. This program extends hospital services into the homes of selected chronically ill patients and provides comprehensive medical care to those medically indigent patients who otherwise would be in hospitals for an extended period. Its objectives are to demonstrate the effectiveness of such a program and to educate both the medical profession and the public as to its proper uses. It includes appropriate medical care, social service, occupational therapy, physical therapy, vocational counseling and housekeeping services to suitable and eligible patients of all age groups and all diagnostic groups of chronic illness. The general policies now provide that Home Care can be given to selected patients with "chronic" illness, where an illness of three months or longer duration is anticipated. After the acute manifestations have subsided and the patient no longer needs the full armamentarium of a hospital twenty-four hours a day, he may be considered for transfer to the Home Care Program. Medical and social eligibility are determined by the Home Care staff and not more than thirty patients will be taken care of at any one time.

Perhaps the most important aspect of the program is that it permits the chronically ill individual to be with his family, surrounded by loving care and the visible components which make up a "home". Another important aspect is that it can decrease the economic impact of chronic illness without lowering the required medical care. Essentially, the only difference between an inpatient and a person carried on the Home Care Program is geographic location. Instead of occupying a hospital bed and going to most of the hospital facilities, he lives at home and receives the various ancillary services of the hospital either in his home, as he would if he were in his hospital room, or goes from his home to the hospital for special diagnostic or therapeutic services.

These services will augment the effectiveness of hospital and outpatient clinics and at the same time preserve normal family relationships when chronic illness strikes. It is hoped that once thoroughly demonstrated, a similar program will be continued on a permanent basis.

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STATISTICAL REPORT FOR THE 18TH WEEK ENDING MAY 4, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	29	88	497	1352	POLIOMYELITIS	1	0	26	7
DIPHTHERIA	0	2	0	0	RHEUMATIC FEVER	0	1	4	10
EPIDEMIC MENINGITIS	0	0	5	9	SALMONELLOSIS	1	0	79	43
GONORRHEA	26	45	494	498	SCARLET FEVER	4	14	60	128
INFECTIOUS HEPATITIS	0	0	17	13	SYPHILIS	7	37	117	118
INFLUENZA	1	1	6	12	TUBERCULOSIS	14	24	239	376
MEASLES	148	42	1562	810	TYPHOID FEVER	0	0	2	3
MUMPS	92	78	1068	653	WHOOPING COUGH	3	3	19	29
PNEUMONIA, ALL FORMS	0	-	23	400					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	6
TUBERCULOSIS	4
ENCEPHALITIS MEASLES	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	187	188
BIRTHS RECORDED FOR THE WEEK	395	317

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR. MAY 14, 1956

COMMUNITY HEALTH AND WELFARE SERVICES

The arrival of the "Pocket Guide to San Francisco Health and Welfare Services" recently published by the Community Chest, brings to mind the fact that while our city is blest with scores of well organized community agencies, there is probably a corresponding lack of information regarding their existence, purpose and services. The agencies listed in the booklet include only a few of the many organizations providing vital health and welfare services in this city, all of which are listed in the larger "Directory of Social and Health Agencies" published annually by the Community Chest of San Francisco.

How many of us concerned professionally with the health and welfare of our citizens are aware, for example, that the San Francisco Heart Association has a vocational guidance and training program for cardiacs or know how to make use of this resource? How many of us know that there are eight agencies listed for services to unwed mothers, including maternity home care? Or are aware of the twenty agencies providing specialized services for the physically handicapped in San Francisco and of the ten agencies listed for assistance in the employment of the physically handicapped? There are eleven agencies providing specialized services for the blind. And with our increased aged population, it is significant that there are fourteen homes for the aged listed with eleven agencies offering recreational and social opportunities for the elderly.

All these and many other services form an integral part of the mosaic that makes up the picture of public health services in this community. These services are designed for and supported by the residents of San Francisco and those of us who are concerned professionally with the health and welfare of the public owe it to our clients to be aware of these community resources. This will enable us to give the necessary help needed whether the problem is to be solved in our office or elsewhere, with a resulting lessening of the emotional wear and tear that every family must go through when there is a major problem affecting any member of it.

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STATISTICAL REPORT FOR THE 19TH WEEK ENDING MAY 11, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	24	98	521	1446
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	0	5	9
GONORRHEA	25	54	519	531
INFECTIOUS HEPATITIS	1	1	18	13
INFLUENZA	0	1	6	12
MEASLES	201	35	1763	932
MUMPS	62	66	1130	697
PNEUMONIA, ALL FORMS	1	-	24	409

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	2	1	28	8
RHEUMATIC FEVER	0	2	4	10
SALMONELLOSIS	1	0	80	49
SCARLET FEVER	0	11	60	137
SYPHILIS	6	23	123	123
TUBERCULOSIS	11	18	250	288
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	1	2	20	31

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	2
SYPHILIS	3

	1956	1955
DEATHS RECORDED FOR THE WEEK	169	158
BIRTHS RECORDED FOR THE WEEK	358	418

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — MAY 21, 1956

THE HOME ACCIDENT SURVEY

In recent years, accidents occurring in and about the home have attracted increasing attention among practicing physicians and from the Health Department. During the past year, the Health Department has made a check of the local situation as reflected in the patients admitted to the emergency hospitals throughout the city. Each patient treated as a result of an accident in the home has had a complete epidemiological study. This included a careful survey of the environmental climate and the peculiar circumstances surrounding the person involved. It has also evaluated the condition and activity of the individual, as well as his purpose and intent at the time of the accident. The information this study has provided is provocative and, we believe, will assist physicians and others in regard to accident prevention techniques.

In order to determine what proportion of total home accidents are seen in the emergency hospitals, we are now requesting the cooperative assistance of the physicians in the community. Each practicing physician is being asked to report every accident case seen and treated by him during the test period of two weeks, May 14 through May 26. This will include patients seen either in the office, home or hospital as a result of some form of accident. Simple report forms are being mailed to each physician in the city together with a stamped addressed envelope for the return of the forms to this department at the conclusion of the test period.

According to the Committee on Accident Prevention of the American Academy of Pediatrics, the etiology of accidents like the etiology of diseases can be studied and understood and success in the control of preventable diseases can be duplicated in the fight against preventable accidents. It is hoped, therefore, that the material resulting from this study will enable us to establish a chain of events with which we can interfere to reduce accidents just as we do in the epidemiology of infectious diseases and at the same time form the basis of a sound home accident prevention program which will be useful to the Health Department, physicians and others interested in this important public health problem.

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STATISTICAL REPORT FOR THE 20TH WEEK ENDING MAY 18, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	35	101	556	1515
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	0	0	5	9
GONORRHEA	17	41	536	547
INFECTIOUS HEPATITIS	2	0	20	13
INFLUENZA	0	0	6	13
MEASLES	218	44	1981	1107
MUMPS	97	67	1227	752
PNEUMONIA, ALL FORMS	2	-	26	418

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	1	0	29	8
RHEUMATIC FEVER	0	1	4	11
SALMONELLOSIS	2	1	82	54
SCARLET FEVER	1	10	61	143
SYPHILIS	3	21	126	128
TUBERCULOSIS	13	16	263	311
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	0	0	20	31

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	5
SYPHILIS	1
TUBERCULOSIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	178	189
BIRTHS RECORDED FOR THE WEEK	455	346

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* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 28, 1956

THE PTA AND HOME ACCIDENTS

During the past week, San Francisco was host to some 1100 leaders of the National Congress of Parents and Teachers here for their annual convention. This national organization and their local groups, in cooperation with school authorities, has done much to stimulate, initiate and maintain the traffic control program in the vicinity of school property. It is to be hoped that in the field of home accidents, parents, teachers, health departments and the family doctors will similarly unite their efforts so that this problem can be solved through organized community action.

Approximately 30 youngsters under 20 years of age are killed each year in San Francisco due to home accidents and 96% of these children are under 10 years of age. An estimated 3 to 4 times as many are crippled. This is not a problem peculiar to San Francisco, but is characteristic of all communities large and small, urban and rural, and eminently suited to the attention and action of local PTA groups. Children are exposed to the home environment many hours each day and can be expected to have a high exposure rate hence emphasis must be placed in study, investigation and education toward the reduction of accidents among school and preschool children.

The major responsibility for the prevention of home accidents rests upon parents, because it is they who have the control of the environment in which the accident occurs and, as a rule, control of the person to whom the accident occurs. Only parents, by looking into the environment in which they and the family are living, can determine whether or not each of the rooms of the home is a safe place to be for themselves and their children. Life is a series of conditioned reflexes and unless we as parents provide the proper environment in our homes, and do all we can to educate the whole community as to the reduction of accidents in the home area, we are missing the opportunity to prevent the needless deaths and crippling disabilities that occur in homes every year.

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STATISTICAL REPORT FOR THE 21ST WEEK ENDING MAY 25, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	25	109	581	1580	POLIOMYELITIS	1	0	30	7
DIPHTHERIA	0	1	0	0	RHEUMATIC FEVER	0	1	4	11
EPIDEMIC MENINGITIS	0	0	5	10	SALMONELLOSIS	6	1	87	56
GONORRHEA	27	40	563	571	SCARLET FEVER	3	7	62	146
INFECTIOUS HEPATITIS	1	1	21	13	SYPHILIS	19	21	145	130
INFLUENZA	0	0	6	13	TUBERCULOSIS	17	19	278	321
MEASLES	139	61	2120	1262	TYPHOID FEVER	0	0	2	3
MUMPS	90	51	1317	788	WHOOPING COUGH	1	3	21	31
PNEUMONIA	2	-	28	421					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
ENCEPHALITIS	1
INFLUENZA	1
PNEUMONIA	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	172	170
BIRTHS RECORDED FOR THE WEEK	351	414

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 4, 1956

REHABILITATION AT LAGUNA HONDA HOME

Rehabilitation has been defined as the process of training the disabled individual to live within the limits of his disabilities but to the hilt of his capacities. In this regard, Laguna Honda Home with its large concentration of the physically handicapped under one roof and the surgical facilities of the San Francisco Hospital available as well as its affiliations with Stanford and California medical schools, is a logical and practical location for an intensive and expanded program of this kind. A modest part in this direction has already been begun there with the employment of two physical therapists and three occupational therapists under the direction of a staff physician.

Possibilities of re-employment in their old jobs or in new vocations are of course, most favorable with respect to those 60 years of age and under. However, it has been amply demonstrated that some of those between the ages of 61 and 70 likewise have employment possibilities after physical and vocational rehabilitation training. Many cases of physical handicaps could with a little assistance and training be employed in sheltered workshops. The physical handicaps of others who do not have any employment possibilities can be greatly reduced and ameliorated through physical and occupational therapy and the application of prosthetic appliances. This enables them to participate in activities which may range from passing the hours of the day in practicing a hobby to actual remunerative work. One patient, a bilateral amputee has spent 56 of his 87 years at Laguna Honda Home. This man's care has cost the taxpayers of San Francisco $45,000 at current rates. The purchase of artificial limbs 31 years ago for this man with training in their use as well as vocational instruction would have saved the greater part of this expenditure.

The rehabilitation program is not solely for the potentially employable. In addition the program also serves to increase personal and social independence which in turn improves the morale of the patient, makes him more contented and thus enables him to recover more promptly. He can then be helped to a degree of self-care that reduces his need for costly nursing care. Thus rehabilitation is not only socially desirable but economically practical and a thrifty program of public policy.

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STATISTICAL REPORT FOR THE 22ND WEEK ENDING JUNE 1, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	29	97	610	1640	POLIOMYELITIS	2	1	32	7
DIPHTHERIA	0	1	0	0	RHEUMATIC FEVER	0	0	4	11
EPIDEMIC MENINGITIS	0	0	5	13	SALMONELLOSIS	1	0	88	59
GONORRHEA	17	47	580	602	SCARLET FEVER	2	6	63	149
INFECTIOUS HEPATITIS	1	0	22	13	SYPHILIS	8	30	153	134
INFLUENZA	0	0	6	13	TUBERCULOSIS	11	12	288	344
MEASLES	144	43	2264	1431	TYPHOID FEVER	0	0	2	3
MUMPS	66	70	1383	817	WHOOPING COUGH	0	2	21	31
PNEUMONIA	0	-	28	423					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1956	1955
MENINGITIS	1	DEATHS RECORDED FOR THE WEEK	142	138
TUBERCULOSIS	2	BIRTHS RECORDED FOR THE WEEK	320	261

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 11, 1956

MUSSEL POISONING

Because of its dangerous nature and high mortality, mussel poisoning is a serious public health problem. For this reason, each year the California State Department of Public Health calls attention to the fact that from May 1 to November 1, California's annual summer quarantine on mussels goes into effect along the entire coast of the State including San Francisco Bay.

The source of the poison is found in a unicellular microscopic plant organism, Gonyaulax catenella, occurring in the open Pacific Ocean. This organism when present in sufficient amounts may give a deep rust red color, the so-called "red water" of the ocean in the day time and becomes a beautiful luminescent spectacle at night. However beautiful to the eye in quantity, a small number of the organisms may be sufficient to cause dangerous conditions in mussels. The toxin contained in this organism is similar to that found in poisonous mushrooms and is one of the strongest known, a millionth of a gram being sufficient to kill a mouse on injection, and a fatal dose by mouth for a man is probably a few milligrams. When the mussel ingest the organisms, the poison, which is not harmful to these shellfish, is stored in the dark, centrally located digestive gland. If a large number of the Gonyaulax are present in the water, the toxicity may rise to dangerous levels within a few days. In the absence of the organism, the poison is excreted slowly in the course of several weeks.

Symptoms are entirely of nervous origin and may begin immediately after eating. A prickly feeling in the lips, the tongue and the finger tips, followed by numbness are the first signs of poisoning. An ataxic gait and lack of muscular coordination and finally ascending paralysis mark the progress of the poisoning with death from respiratory failure in two to twelve hours after consumption of the shellfish.

There is no simple visual test by which toxic mussels may be distinguished from harmless ones, nor is the toxin destroyed by cooking or boiling, and prevention is based first of all upon the fact that the poison is seasonal. Therefore a safe rule to follow is:

DO NOT EAT THE MEAT OR DRINK THE JUICES FROM MUSSELS FROM THE PACIFIC COAST BETWEEN MAY 1 AND NOVEMBER 1.

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STATISTICAL REPORT FOR THE 23RD WEEK ENDING JUNE 8, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	22	102	632	1738
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	1	0	6	12
GONORRHEA	24	30	604	613
INFECTIOUS HEPATITIS	1	0	23	15
INFLUENZA	0	1	6	13
MEASLES	158	57	2422	1688
MUMPS	77	55	1460	869
PNEUMONIA	0	-	28	433

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	2	1	34	7
RHEUMATIC FEVER	0	1	4	11
SALMONELLOSIS	0	0	88	64
SCARLET FEVER	1	6	64	159
SYPHILIS	7	37	160	140
TUBERCULOSIS	10	9	298	349
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	0	2	21	32

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	2
SYPHILIS	1
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	168	212
BIRTHS RECORDED FOR THE WEEK	345	383

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JUNE 18, 1956

MENTAL ILLNESS AND THE COMMUNITY

Great strides have been made in the past few years in the treatment and rehabilitation of mentally ill patients. Despite such progress, however, it still remains true that over half the hospital beds in the United States are occupied by mental cases; that an estimated 56,000 San Franciscans suffer from mental disorders and less serious emotional disturbances of various sorts, and that if the trend continues, one out of 12 children born in San Francisco will spend some part of his life in a mental hospital. Startling as these statements may be, they serve to bring home to us the fact that mental disorders are a widespread problem that closely concerns all of us as individuals and as a community.

As much as we might wish to, we cannot in face of such facts, dismiss the problem by wishfully thinking that it is probably not as bad as it is said to be or by hoping that whatever institutions or agencies do exist for the purpose will adequately take care of the situation. Yet such attitudes are neither uncommon nor surprising; they are the outgrowth of years of apathy, ignorance and prejudice that has surrounded everything pertaining to mental illness. Progress in community awareness and acceptance of the problem has been slow and difficult. To this end San Francisco's Mayor George Christopher has announced the formation of a committee to advise him on what this city needs to "lick mental illness".

As a community, we need to change our outlook on this most urgent health problem, to awaken to the realization that mental disorders outrank by far the infectious diseases in the number of people it disables and that the community has a responsibility to deal with it. We need to overhaul our thinking and to recognize that mental illness is no disgrace, is not a sign of weakness and must be regarded like any other disease. More patients with mental illness would improve by treatment if the disturbance were recognized in its early manifestations. The development of a community attitude toward emotional illness that encourages the use of physicians and other community resources for the prevention and early recognition of these disturbances is most essential.

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STATISTICAL REPORT FOR THE 24TH WEEK ENDING JUNE 15, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	24	112	656	1791
DIPHTHERIA	0	2	0	0
EPIDEMIC MENINGITIS	0	0	6	12
GONORRHEA	25	47	629	643
INFECTIOUS HEPATITIS	1	1	24	15
INFLUENZA	0	2	6	15
MEASLES	133	32	2555	1902
MUMPS	81	65	1541	896
PNEUMONIA	1	-	29	438

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	7	1	41	7
RHEUMATIC FEVER	0	0	4	12
SALMONELLOSIS	2	0	90	65
SCARLET FEVER	5	7	69	170
SYPHILIS	6	18	166	152
TUBERCULOSIS	8	23	305	367
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	0	1	21	38

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	159	187
BIRTHS RECORDED FOR THE WEEK	394	508

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JUNE 25, 1956

SAN FRANCISCO'S ELEVEN LEADING CAUSES OF DEATH

CAUSE	1955 RANK	1955 NUMBER	1955 RATE	1954 RANK	1954 NUMBER	1954 RATE
HEART DISEASE	1	3635	457.3	1	3653	457.6
MALIGNANT NEOPLASMS	2	1597	200.9	2	1546	193.7
VASCULAR LESIONS (C.N.S.)	3	802	100.9	3	865	108.4
ACCIDENTS	4	464	58.4	4	480	60.1
CIRRHOSIS OF LIVER	5	288	36.2	5	334	41.8
DISEASES OF EARLY INFANCY	6	239	30.1	6	252	31.6
PNEUMONIA and INFLUENZA	7	229	28.8	7	237	29.7
ARTERIOSCLEROSIS	8	211	26.5	8	207	25.9
SUICIDES	9	194	24.4	9	200	25.1
DIABETES	10	128	16.1	11	110	13.8
TUBERCULOSIS	11	116	14.6	10	131	16.4

The above list of the 11 major causes of death for the past two years is significant to all of us in the planning of programs designed to reduce causes of death in San Francisco. It is interesting to note that within the past year, diabetes, arteriosclerosis, and malignant neoplasms show a slight increase in rate as causes of death. The most remarkable decrease, perhaps, is in cirrhosis of the liver, which has dropped by one-seventh during the past year. This may reflect some of the work done by the Adult Guidance Center and others in the management of chronic alcoholism.

Fifty-six percent of all deaths last year were due to diseases of the heart and blood vessels including those of the kidneys. This coupled with the large number of deaths due to malignancies (17%) reflects the aging of our population. It is necessary therefore, that we plan for the future, keeping in mind these indices of health. However, we can still say that San Francisco is in good health, generally speaking.

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STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 22, 1956

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
CHICKENPOX	14	47	670	1833
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	6	13
GONORRHEA	14	42	643	683
INFECTIOUS HEPATITIS	0	0	24	15
INFLUENZA	0	0	6	15
MEASLES	68	31	2623	2082
MUMPS	35	33	1576	933
PNEUMONIA, ALL FORMS	0	-	29	448

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
POLIOMYELITIS	0	1	41	8
RHEUMATIC FEVER	0	1	4	12
SALMONELLOSIS	4	0	94	68
SCARLET FEVER	5	9	74	172
SYPHILIS	5	33	171	159
TUBERCULOSIS	16	26	320	386
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	0	2	21	40

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	191	153
BIRTHS RECORDED FOR THE WEEK	369	374

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JULY 2, 1956

FIRE, NOISE AND ACCIDENTS

This week we celebrate the 180th anniversary of our country's independence. Unfortunately, the observance of this historic day has always been costly in the way of casualties, with hundreds of children as the chief victims. For over twenty-five years, organizations such as the National Fire Protection Association, the National Safety Council, the National Foundation for the Blind, the Society for the Prevention of Blindness, The American Medical Association and scores of other groups have been waging a campaign for the rational observance of this holiday and have succeeded only to a limited extent in reducing the number of casualties by a concerted attack on this "annual orgy of fire, noise and death". These organizations have not sought to bar fireworks altogether, but have advocated their safe use in community displays thus taking fireworks out of the hands of the inexperienced and providing for public licensed displays in safe areas.

The question of patriotism is not involved - what is involved are the lives and limbs of our children who, despite our fireworks code will continue to be killed, blinded or permanently disfigured and disabled. Virtually all studies prove that there are no such things as harmless fireworks. The common firecracker is the most dangerous of all, largely by reason of its use in greater quantity. The so-called "harmless sparklers" are far from trustworthy and start fires which may result in injury or death. Almost every accident to the eye as the result of an explosion of fire means the possible loss of vision and no amount of pleasure or excitement can ever compensate for that loss.

There are almost as many accidents in cities like San Francisco having laws prohibiting the sale of fireworks as in those having no restrictive legislation. This anomaly is accounted for by the fact that in nearly every case where a city like ours prohibits the sale of fireworks, they are bootlegged into the city or sold just outside the city limits. Legislative provisions alone will not eradicate the problem. The ultimate responsibility for their child's safety rests with the parents to whom the child looks for example in showing respect for the law. They must cooperate with the police authorities in exercising the necessary foresight and control to prevent these accidents. With children, example, protection and discipline must serve where reason cannot.

STATISTICAL REPORT FOR THE 26TH WEEK ENDING JUNE 29, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	22	40	692	1867	POLIOMYELITIS	3	0	44	8
DIPHTHERIA	0	1	0	0	RHEUMATIC FEVER	0	0	4	12
EPIDEMIC MENINGITIS	1	0	7	13	SALMONELLOSIS	4	1	98	70
GONORRHEA	37	32	680	702	SCARLET FEVER	1	4	75	178
INFECTIOUS HEPATITIS	2	1	26	15	SYPHILIS	8	14	179	163
INFLUENZA	1	0	7	15	TUBERCULOSIS	11	22	329	394
MEASLES	50	23	2673	2193	TYPHOID FEVER	0	0	2	3
MUMPS	19	17	1595	951	WHOOPING COUGH	3	0	24	40
PNEUMONIA	0	-	29	456	POLIOMYELITIS** (DISEASE YEAR)		-	24	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
MENINGITIS	1
TUBERCULOSIS	1
ENCEPHALITIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	187	186
BIRTHS RECORDED FOR THE WEEK	470	354

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** DISEASE YEAR STARTS APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR. JULY 9, 1956

VACATIONING

All of us like and need a vacation. It comes as a break in the stress and strain of modern living and can be relaxing, healthy and should be fun. It is important to our physical health and mental relaxation. But like anything else, the end result will only be commensurate with the planning and thought we put into it. Two important items in this regard to which we might well give serious consideration are A) preparation and B) safety.

First we need to determine what we want to get out of the vacation. Is it physical rest? A change of environment? A change of activity which we will find mentally and physically stimulating? A chance for ourselves and the family to spend some time in the outdoors with plenty of fresh air and sunshine and a chance for the children to expend some of their energies amid new surroundings? Or just to get away from it all and lie fallow for a week or two? It may be any one or a combination of these objectives, but whatever it may be, good planning, taking into account the needs of the whole family, will assure us of a safer, more satisfying and more healthful vacation for all.

Secondly, we want to make our vacation not only a healthy and enjoyable one, but also a safe one. Vacationists might well keep in mind that their chances of raising the mortality or morbidity statistics during the carefree summer months are uncomfortably high and that they should take the necessary precautions. It's not much of a holiday when one is forced to sit idly by nursing some injury or other and watch others have a good time. Traffic accidents, insect bites, drownings, bites from rabid small animals, food poisonings, bad sunburns, oak-poisonings, any of these can play a role in spoiling what might otherwise have been a very happy time. Relaxation, exercise, outdoor life, all can make for a well spent summer time, and such diversions need not be hazardous. Accidents may happen, but as in so much of life, a little foresight, common sense and moderation will prevent many of them.

An illustrated attractive pamphlet entitled "Vacationing" designed to help parents and others prepare for their vacation is available to residents of San Francisco. Requests should be directed to the Division of Public Health Education, San Francisco Department of Public Health.

STATISTICAL REPORT FOR THE 27TH WEEK ENDING JULY 6, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	6	17	698	1395
DIPHTHERIA	0	1	0	0
EPIDEMIC MENINGITIS	1	0	8	13
GONORRHEA	33	29	713	729
INFECTIOUS HEPATITIS	1	0	27	15
INFLUENZA	0	0	7	15
MEASLES	33	23	2706	2271
MUMPS	12	26	1607	965
PNEUMONIA, ALL FORMS	0	-	29	463

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	3	1	47	9
POLIOMYELITIS (DISEASE YEAR)**		-	27	5
RHEUMATIC FEVER	0	0	4	12
SALMONELLOSIS	3	0	101	70
SCARLET FEVER	2	4	77	179
SYPHILIS	6	18	185	170
TUBERCULOSIS	15	21	342	414
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	1	2	25	44

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
TUBERCULOSIS	3
SYPHILIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	154	158
BIRTHS RECORDED FOR THE WEEK	270	436

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN
** "Disease Year" begins on April 1st.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 16, 1956

TESTING FOR TUBERCULOSIS IN THE SCHOOLS

As a result of a study done under the direction of the Central Health Committee, comprised of representatives of the Department of Public Health and the San Francisco Unified School District, an organized tuberculosis survey program for the School Department will be undertaken this fall. To date such testing has been limited to those schools requesting it, or following an open active case of tuberculosis within the school. In areas of greatest incidence of the disease, (North East, Mission and Westside Health Districts), a more concentrated program has been carried on and will be continued.

The proposed survey program for the School Department will be one that will detect active as well as arrested and inactive cases of tuberculosis. It is felt that the use of the tuberculin skin test will be more productive of useful information than the use of the minifilm. This test, properly used, is one of the most specific and reliable tests known to medicine and makes it possible to identify those individuals in a group who are or have been infected with the tubercle bacillus. A positive reaction indicates contact with tuberculosis, either past or present, and therefore will detect 1) Incipient cases 2) Active cases 3) Arrested or inactive cases or 4) Contact with tuberculosis with the production of infection without the clinical disease. Positive reactors will be followed clinically to determine their status. The test will be given in the Kindergarten or first grade and seventh, tenth and twelfth grades. All new students will be tested as soon as possible after admission.

Since no case of active tuberculosis can exist, under usual circumstances, without a positive tuberculin skin test, this program should be adequate in detecting and surveying the San Francisco school children. In addition, the testing program will give some indication of the amount, rates and trends of active tuberculosis in the community and will provide a basis for case finding among the contacts of new reactors.

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STATISTICAL REPORT FOR THE 28th WEEK ENDING JULY 13, 1956

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
CHICKENPOX	19	30	717	1913
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	1	8	14
GONORRHEA	17	30	730	754
INFECTIOUS HEPATITIS	4	0	31	19
INFLUENZA	0	0	7	15
MEASLES	79	16	2785	2336
MUMPS	47	26	1654	979
PNEUMONIA, ALL FORMS	0	-	29	471

CASES REPORTED:	For the Week	5-Year Median*	1956 to Date	1955 to Date
POLIOMYELITIS	5	1	52	9
POLIOMYELITIS (DISEASE YEAR)**		-	32	5
RHEUMATIC FEVER	0	0	4	12
SALMONELLOSIS	3	0	104	72
SCARLET FEVER	1	1	78	182
SYPHILIS	7	21	192	172
TUBERCULOSIS	7	11	349	427
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	2	2	27	44

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
Pneumonia	1
Tuberculosis	3
Poliomyelitis	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	190	185
BIRTHS RECORDED FOR THE WEEK	507	440

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** 'DISEASE YEAR' BEGINS ON APRIL 1st.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JULY 23, 1956

THE BLOOD ALCOHOL TEST

Man + automobile + alcohol is almost as potent a weapon on our highways as the atomic bomb in modern warfare. Murders, shootings and knifings are regarded as sufficiently newsworthy to be given a front page spread, but they are relatively clean compared to the mangled bodies found in a number of automobile accidents, as any Emergency Hospital steward will verify. The occurrence of the latter by contrast, have become so common that they are not news these days, just statistics.

In San Francisco in 1955, 3,142 automobile accidents were caused by drinking drivers, 1,337 of whom were arrested. Twenty of these accidents involved fatalities where one or more were killed, usually some innocent person. The blood of 337 of these drinking drivers, about 25% of the total, were analyzed by the Health Department's Chemical Laboratory. This low percentage of sobriety tests is accounted for by the fact that in San Francisco, the doctor must have the written consent of the allegedly drunk driver before he will take a blood sample. In other cities where only a verbal consent is necessary, a very much higher percentage of alcohol specimens is obtained.

The blood alcohol test can be performed with remarkable accuracy and serves not only to establish legal proof of drunkenness or sobriety, but also protects those who may be in shock after an accident, or suffering from diabetes, or have taken medicine, etc. A case in point where a non-drinking driver was vindicated by the blood alcohol test run by the chemical laboratory, concerned a Naval officer involved in an automobile accident in which his wife was killed. Arrested for drunk driving, he requested that a blood alcohol test be made, which resulted in his acquittal. This man would have been falsely accused of driving while drunk in a manslaughter case, a very serious charge, if he had not submitted to a blood alcohol test.

This chemical test is the most accurate means of determining the degree of intoxication and is an invaluable aid to enforcement officers in the control of drinking drivers by scientific means rather than relying on hit or miss lay opinion. The Chemists of the Department of Public Health Chemical Laboratory with their findings are well received in the San Francisco law courts as expert witnesses for the percentage of alcohol in the blood of defendants.

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STATISTICAL REPORT FOR THE 29TH WEEK ENDING JULY 20, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	7	22	724	1942	POLIOMYELITIS	3	1	55	9
DIPHTHERIA	0	0	0	0	POLIOMYELITIS (DISEASE YEAR)**		-	35	5
EPIDEMIC MENINGITIS	0	0	3	14	RHEUMATIC FEVER	0	0	4	13
GONORRHEA	47	47	777	788	SALMONELLOSIS	0	0	104	74
INFECTIOUS HEPATITIS	2	0	33	19	SCARLET FEVER	2	2	80	183
INFLUENZA	1	0	8	15	SYPHILIS	4	34	196	176
MEASLES	13	13	2798	2412	TUBERCULOSIS	8	16	357	432
MUMPS	14	24	1668	999	TYPHOID FEVER	0	0	2	3
PNEUMONIA, ALL FORMS	0	-	29	475	WHOOPING COUGH	0	1	27	45

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1956	1955
PNEUMONIA	3	DEATHS RECORDED FOR THE WEEK	160	168
INFECTIOUS HEPATITIS	1	BIRTHS RECORDED FOR THE WEEK	374	353

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 30, 1956

POLIO IN 1956

The incidence of poliomyelitis for the first six months of 1956 leads us to believe that 1956 MAY be another "Polio Year". This type of prognostication, of course, is dangerous, but during the first six months of 1956 we have had forty-four reported cases of poliomyelitis, and during the same period of 1955 we had only eight cases reported. In 1955 there were three cases reported in January, one in February, two in April, one in May and one in June. In 1956 there were five cases reported in January, four in February, eleven in March, five in April, seven in May and twelve in June. There have been no deaths reported as a result of poliomyelitis during the first six months of this year.

We are all aware of the cyclical incidence of poliomyelitis, and unless the use of the vaccine during the past two years substantially interferes with the incidence, we could expect that 1956 or 1957 would be relatively high years as far as San Franciscans are concerned. The incidence for the full calendar years for the past six years with parallel comparison of cases for the first six months of those years is as follows:

YEAR	TOTAL CASES	CASES FIRST SIX MONTHS
1950	64	18
1951	84	15
1952	234	20
1953	118	33
1954	149	23
1955	38	8
1956	--	44

It is interesting to note that in 1956, eighty-two percent of the cases reported to date are paralytic. In previous years, from seventy-five to eighty percent of the cases have been paralytic, and in 1955 sixty-six percent were paralytic. There have been no cases of paralytic poliomyelitis among persons who have been properly vaccinated, and of the twenty cases among children under 16, only three have been reported in those who have been vaccinated, and none of these was in any way related to the vaccine itself.

It will be necessary that all physicians be very alert in making diagnoses, and particularly in reporting all cases of poliomyelitis, whether paralytic or non-paralytic in order that we may have accurate information relative to the incidence of both vaccinated and non vaccinated persons.

STATISTICAL REPORT FOR THE 30TH WEEK ENDING JULY 27, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	13	21	737	1957	POLIOMYELITIS	7	1	61	11
DIPHTHERIA	0	0	0	0	POLIOMYELITIS (DISEASE YEAR)**		-	41	7
EPIDEMIC MENINGITIS	0	0	8	14	RHEUMATIC FEVER	0	1	4	13
GONORRHEA	41	37	818	808	SALMONELLOSIS	3	0	108	75
INFECTIOUS HEPATITIS	0	1	33	19	SCARLET FEVER	2	3	82	184
INFLUENZA	1	0	9	15	SYPHILIS	12	21	208	183
MEASLES	26	9	2824	2468	TUBERCULOSIS	11	15	367	447
MUMPS	17	14	1685	1012	TYPHOID FEVER	0	0	2	3
PNEUMONIA, ALL FORMS	0	-	29	480	WHOOPING COUGH	0	1	27	45

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1956	1955
PNEUMONIA	1	DEATHS RECORDED FOR THE WEEK	194	162
POLIOMYELITIS	1	BIRTHS RECORDED FOR THE WEEK	357	341

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 6, 1956

THE HAZARDOUS HOME

A year-long epidemiological study of accidents in the home was conducted in San Francisco in 1954-55 by the staffs of the Home Safety Project, California State Department of Public Health and the San Francisco Department of Public Health. The purpose of this survey was to determine where and under what environmental conditions home accidents occur and the particular activity and physical or emotional condition of the individual involved. The factual data resulting from the study then could be analyzed and applied in the initiation of a sound educational program directed at the cause of home accidents in San Francisco.

In brief, the survey revealed that more than one-third of the home accidents reported happened to children under four years of age and more than one-half of them occurred to children under 14. This serves to emphasize the importance of parents in home accident prevention and the need for them to understand and to take the proper protective measures in the early years of a child's life. What types of accidents accounted for the heavy incidence of home accidents suffered by San Francisco children? It was found that they fell into six main categories:

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1 - Falls on the floor or stairs.

2 - Accidents caused by striking against objects such as furniture and doors.

3 - Swallowing overdoses of medicines, or medicines which were not meant to be taken by mouth (more than half of these were among children between two and three years old).

4 - Accidents due to being caught in a door or a washing machine wringer (half the wringer accidents were to three-year-olds)

5 - Accidents due to falls from furniture.

6 - Children pulling hot water or hot coffee over themselves.

From time to time we plan to discuss in more detail in The Weekly Bulletin, the data peculiar to San Francisco resulting from this study. We believe it should be of assistance to both parent and professional groups in effectively planning and taking preventive measures which are directly applicable to the home accident problem in San Francisco.

STATISTICAL REPORT FOR THE 31ST WEEK ENDING AUGUST 3, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	7	15	744	1973
DIPTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	8	14
GONORRHEA	20	30	838	834
INFECTIOUS HEPATITIS	0	0	33	19
INFLUENZA	0	0	9	16
MEASLES	18	16	2842	2501
MUMPS	14	12	1699	1023
PNEUMONIA, ALL FORMS	0	-	29	483

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	4	2	65	12
POLIOMYELITIS (DISEASE YEAR)**		-	45	8
RHEUMATIC FEVER	0	0	4	13
SALMONELLOSIS	4	0	112	80
SCARLET FEVER	5	3	87	185
SYPHILIS	10	21	218	188
TUBERCULOSIS	17	16	384	459
TYPHOID FEVER	0	0	2	3
WHOOPING COUGH	2	2	29	47

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	2
POLIOMYELITIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	184	145
BIRTHS RECORDED FOR THE WEEK	403	412

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

"DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — AUGUST 13, 1956

PREPARING THE CHILD FOR SCHOOL

In September, San Francisco children start to school for another year of learning. Parents value the educational opportunities provided for their children but are not always aware of the importance of discovering and then correcting any deviations from a normal health pattern which may affect the child's learning ability. Unless the child is physically and emotionally healthy, he cannot be expected to get the most out of his school experience. Are his eyes, ears, heart, nutritional condition, etc. all right as determined by a thorough examination by the family physician? Has the family dentist checked his teeth? Parents should have these preventive measures taken before school starts so that their child is as healthy as possible opening day. In addition, it should be remembered that visits to the doctor or dentist after school starts may mean lost classroom time.

Along with the physical appraisal parents should have their child's immunization brought up to date by the family doctor. This should be done before the child enters school where he may be exposed more to infectious diseases. Parents can provide protection by having the child immunized against smallpox, diphtheria, whooping cough and poliomyelitis. The polio vaccination is the latest to be added to the standard immunization procedures. In San Francisco the number of cases of this disease is highest in the fall months and with 1956 apparently a high incidence year it is important for those parents who have not already done so, to have their children vaccinated against polio as soon as possible.

The school-age child must rely on his parents for his health guidance. Parents, in turn must look to their pediatrician or family medical advisor for continual health guidance and supervision of the child. He not only has the facilities to make a thorough health appraisal and to provide medical treatment when needed but also he has previous knowledge of the family and the child's health and can follow the child throughout life. In this important matter there is no substitute for the family doctor.

NOTE: MANY PARENTS WILL FIND IT HELPFUL IN PREPARING THEIR CHILD PHYSICALLY AND EMOTIONALLY FOR SCHOOL TO READ "PREPARING YOUR CHILD FOR SCHOOL", A LEAFLET AVAILABLE UPON REQUEST FROM THIS DEPARTMENT'S DIVISION OF PUBLIC HEALTH EDUCATION.

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STATISTICAL REPORT FOR THE 32ND WEEK ENDING AUGUST 10, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	8	12	752	1990
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	8	14
GONORRHEA	28	45	866	842
INFECTIOUS HEPATITIS	0	0	33	19
INFLUENZA	0	0	9	16
MEASLES	12	7	2854	2524
MUMPS	14	17	1713	1029
PNEUMONIA, ALL FORMS	0	-	29	494

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	2	1	67	13
POLIOMYELITIS (DISEASE YEAR)**		-	47	9
RHEUMATIC FEVER	0	0	4	13
SALMONELLOSIS	1	0	113	81
SCARLET FEVER	2	2	89	187
SYPHILIS	9	21	227	194
TUBERCULOSIS	9	15	393	471
TYPHOID FEVER	1	0	3	3
WHOOPING COUGH	0	0	29	48

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
SYPHILIS	1
TUBERCULOSIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	173	190
BIRTHS RECORDED FOR THE WEEK	490	358

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 20, 1956

CLASSES FOR EXPECTANT PARENTS

For some time prospective mothers and fathers in San Francisco have had the opportunity to better prepare themselves for the coming of the baby by attending a special series of meetings conducted by the San Francisco Department of Public Health. While some obstetricians provide group prenatal instruction to their patients, many are unable to set aside the time from their busy schedules or to make use of such teaching aids as demonstration equipment or motion pictures. Hence, the obstetrician may prefer to recommend these meetings to his patients, feeling that they will supplement and round out the prenatal instruction which he is able to give. The Health Department classes are in no way a substitute for ante partum care by the private physician. Actually, those in attendance are stimulated and encouraged to maintain the continuing care and guidance of the family physician.

Just what kind of help will expectant parents get from attending these classes? The subject matter covered by lectures, group discussion, demonstration and use of motion pictures includes (1) diet and nutrition in pregnancy, (2) hygiene of pregnancy, (3) growth and development of the baby in the mother, (4) labor and delivery, (5) taking the baby home, (6) feeding the baby, (7) baby's bath and (8) understanding the baby in his first year. Samples of clothing for mother and child are displayed. As they learn, expectant parents are relieved of many anxieties and apprehensions so frequently present and thus are prepared emotionally as well as factually for the transitional experience which they face.

The classes are taught by selected and trained public health nurses who not only know their subject thoroughly but also know how to relate scientific facts to the needs of expectant parents. Physicians from our Bureau of Maternal and Child Health give guidance in the planning of the course content and may assist in the teaching of certain aspects of the subject matter. At the present time five of our district health centers are offering courses which consist of six classes held at 2PM on the same day of the week for six consecutive weeks. The following schedule lists the courses for the remainder of this year:

1st CLASS	DAY	HEALTH CENTER	1st CLASS	DAY	HEALTH CENTER
Aug. 2	Thurs.	North-East	Oct. 1 -		
Aug. 8	Wed.	Alemany	(approx.)	Mon.	Eureka-Noe
Sept. 19	Wed.	Sunset	Nov. 1	Thurs.	North-East
Sept. 21	Fri.	Marina-Richmond	Nov. 7	Wed.	Alemany

STATISTICAL REPORT FOR THE 33RD WEEK ENDING AUGUST 17, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	5	14	757	1996	POLIOMYELITIS	2	1	69	13
DIPHTHERIA	0	1	0	0	POLIOMYELITIS (DISEASE YEAR)**		-	49	9
EPIDEMIC MENINGITIS	1	0	9	14	RHEUMATIC FEVER	0	1	4	13
GONORRHEA	31	39	897	871	SALMONELLOSIS	1	0	114	86
INFECTIOUS HEPATITIS	1	0	34	19	SCARLET FEVER	0	1	89	191
INFLUENZA	1	0	10	16	SYPHILIS	7	14	234	198
MEASLES	37	7	2891	2538	TUBERCULOSIS	12	15	405	484
MUMPS	17	11	1730	1035	TYPHOID FEVER	0	0	3	3
PNEUMONIA, ALL FORMS	0	-	29	498	WHOOPING COUGH	2	2	31	52

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:		1956	1955
TUBERCULOSIS	1		
* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.	DEATHS RECORDED FOR THE WEEK	163	154
** "DISEASE YEAR" BEGINS ON APRIL 1ST.	BIRTHS RECORDED FOR THE WEEK	356	384

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 27, 1956

FOUR YEARS OF FLUORIDATION

On August 25, we started our fifth year of fluoridation of San Francisco's water supply. On August 25, 1952, following many hearings by the Board of Supervisors, the San Francisco Water Department started fluoridating about two-thirds of our water supply. In July, 1955, again following hearings by the Board of Supervisors, the total water supply of San Francisco was fluoridated, so that all of our approximately 800,000 people began to consume water containing approximately 0.95 parts per million of fluoride ion. At that time also, approximately 200,000 people living in peninsula cities purchasing water from San Francisco began consuming fluoridated water.

San Francisco showed it was "The City That Knows How" when it took this forward step in 1952. We were one of the leaders of the country, and are still one of the largest cities fluoridating. However, many other cities are now keeping company with us. The total population receiving artificially fluoridated water approaches 30,000,000 people at the present time.

A review of our death certificates and of our reports of illness gives us no indication that this is deleterious to health. A check with the Aquarium and with pet stores reveals that even aquatic life, living its entire life in this medium, is not affected adversely. When we recommended fluoridation four years ago and again last year, we felt that it was a safe procedure. With our four years' experience behind us, we are even more certain of its safety.

In another four years or so, we will begin to reap the benefit in the reduction of dental caries in our younger population. The people of San Francisco and their city government are to be congratulated on taking this forward step so strongly recommended by their dental and medical professions.

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STATISTICAL REPORT FOR THE 34TH WEEK ENDING AUGUST 24, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	5	12	762	2011	POLIOMYELITIS	5	3	74	13
DIPHTHERIA	0	0	0	0	POLIOMYELITIS (DISEASE YEAR)**		-	54	9
EPIDEMIC MENINGITIS	1	0	10	15	RHEUMATIC FEVER	0	0	4	13
GONORRHEA	30	24	927	897	SALMONELLOSIS	3	0	117	87
INFECTIOUS HEPATITIS	0	1	34	20	SCARLET FEVER	0	2	89	193
INFLUENZA	1	1	11	16	SYPHILIS	8	15	242	206
MEASLES	7	7	2898	2557	TUBERCULOSIS	15	16	420	506
PNEUMONIA, ALL FORMS	0	-	29	501	TYPHOID FEVER	0	0	3	3
MUMPS	6	9	1736	1048	WHOOPING COUGH	1	3	32	55

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

			1956	1955
PNEUMONIA	4	DEATHS RECORDED FOR THE WEEK	185	174
		BIRTHS RECORDED FOR THE WEEK	438	255

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 4, 1956

FOLLOW-UP OF ADULT GUIDANCE CENTER PATIENTS

The Adult Guidance Center, a voluntary outpatient clinic providing assistance to San Franciscans with drinking problems, has been operated by the Department of Public Health at 150 Otis Street since April, 1951. How effective has been the work of the clinic in rehabilitating the alcoholic? A follow-up evaluation of patients treated at the Center during 1954 has just been completed by the California State Department of Public Health for the State Alcoholic Rehabilitation Commission. The results are gratifying and encouraging to all those who have helped establish and advance this service aimed at the alleviation of one of the City's most serious public health problems.

A summary of the results of this evaluation indicate that of those patients interviewed, a representative sample of the 1,256 patients treated in 1954, 54% were currently employed and 16% were housewives, retired, on pension or disabled and therefore not in the labor force. Thus at least 70% of the patients were economically independent. Twenty-three percent were unemployed, though not necessarily without funds or prospects, and 7% were in confinement. The report further indicates that 25% of all patients interviewed had totally abstained from alcoholic beverage since treatment. Data on those who had made significant improvement in their drinking problem were not reported.

The full report to be published later will show more details particularly in relation to the patients who received psychotherapy at the clinic. Due to limited staff and facilities, psychotherapy was available to only 20% of all patients in 1954. Patients who received <u>any</u> group or individual psychotherapy showed the following:

(1) Were more frequently employed (2) Were in higher status occupational categories

(3) Were more frequently judged to have an adequate income (7 in 10)
(4) Showed changes in drinking patterns, generally in the direction of a more socially acceptable drinking behavior

(5) Had no members in confinement at the time of interview
(6) Had fewer arrests (94% had no arrests following therapy)

(7) Were generally in better health
(8) More frequently entered Alcoholics Anonymous following treatment.

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STATISTICAL REPORT FOR THE 35TH WEEK ENDING AUGUST 31, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	5	7	767	2020	POLIOMYELITIS	1	5	75	13
DIPTHERIA	0	1	0	0	POLIOMYELITIS (DISEASE YEAR)**		-	55	9
EPIDEMIC MENINGITIS	1	1	11	15	RHEUMATIC FEVER	0	0	4	14
GONORRHEA	45	38	972	916	SALMONELLOSIS	0	0	117	87
INFECTIOUS HEPATITIS	1	1	35	22	SCARLET FEVER	0	1	89	194
INFLUENZA	1	-	12	16	SYPHILIS	14	21	256	215
MEASLES	5	4	2903	2574	TUBERCULOSIS	6	14	426	511
MUMPS	9	9	1745	1060	TYPHOID FEVER	0	0	3	3
PNEUMONIA, ALL FORMS	0	-	29	501	WHOOPING COUGH	1	2	33	55

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

			1956	1955
PNEUMONIA	4	DEATHS RECORDED FOR THE WEEK	179	162
		BIRTHS RECORDED FOR THE WEEK	435	392

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 11, 1956

FALLS - THE LEADING CAUSE OF HOME ACCIDENTS

Information obtained from death certificates prepared following fatal home accidents continues to indicate the importance of falls as a cause of death. In 1955, for example, there were 180 San Francisco home accidents resulting in death and 86 of these, or nearly one-half, were due to accidental falls. Recently, in this bulletin, we referred to the preliminary results of a special study of home accidents in San Francisco. This survey was not an attempt to measure the size of the home accident problem in San Francisco as the data apply only to accidents reported through our Emergency Hospitals. Rather, it was an attempt to ascertain the chain of events and circumstances that led up to the accident, the personal and environmental factors involved, and the consequences.

Of the 2,522 home accidents reported in the survey, from June 1954 to May 1955, a total of 1,620 were followed-up with home interviews by professional personnel of this Department. Of this number, 476 (about 29%) were classified as falls - the greatest number of any one classication. Again we see the importance of this type of accident, as a cause of injury and death.

Below is a listing of the four accident categories under falls, the object categories under each and the number of accidents resulting in injury attributable to each classification. Although the totals do not include other accidental falls which occurred during the same period but were not investigated in the survey, the table does indicate a relative frequency of each kind of accidental fall. And certainly many of the objects listed suggest that simple precautionary measures would have prevented a significant number of these home accidents.

FALLING DUE TO SLIPPING OR TRIPPING ON:--317

Floor	92
Stair	59
Sidewalk, street or ground	46
Rug or carpet	22
Wet, greasy or waxed floor	21
Bathtub or shower	10
Miscellaneous object	67

FALLING DUE TO BEING PUSHED BY ANOTHER PERSON:- - - - - - - - - - - - - - - 9

FALLING FROM: - - - - - - - - - - - - 141

Furniture	63
Ladder	15
Children's vehicle	12
Porch	9
Stair	9
Miscellaneous object	33

FALLING DUE TO ACUTE PHYSIOLOGIC CONDITION:(loss of consciousness, acute alcoholism, dizziness)- - - - 9

STATISTICAL REPORT FOR THE 36TH WEEK ENDING SEPTEMBER 7, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	3	6	770	2026	POLIOMYELITIS	1	3	76	13
DIPHTHERIA	0	0	0	0	POLIOMYELITIS (DISEASE YEAR)**		-	56	9
EPIDEMIC MENINGITIS	0	0	11	16	RHEUMATIC FEVER	0	0	4	14
GONORRHEA	34	42	1006	934	SALMONELLOSIS	1	1	118	91
INFECTIOUS HEPATITIS	0	0	35	23	SCARLET FEVER	1	3	90	195
INFLUENZA	0	1	12	16	SYPHILIS	7	22	263	222
MEASLES	5	2	2908	2581	TUBERCULOSIS	8	11	433	520
MUMPS	3	11	1748	1067	TYPHOID FEVER	0	0	3	3
PNEUMONIA, ALL FORMS	0	-	29	505	WHOOPING COUGH	2	1	35	56

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	182	142
BIRTHS RECORDED FOR THE WEEK	294	279

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 17, 1956

THE SCHOOL HEALTH PROGRAM IN SAN FRANCISCO

A total school health program is usually thought of as comprising health services, health education and a healthful school environment. These inseparable and interdependent components together constitute a program for the promotion of physical, mental, emotional and social well-being of the school age child. In San Francisco the Department of Public Health, The Unified School District and the Parochial School System cooperatively plan and carry out the details of the school health program. Attention to school environment is given through periodic inspections by Health Department sanitarians of kitchens, toilet and shower facilities, lighting, ventilation, etc. Health education within the schools is provided not only through classroom teaching and specific programs such as the school lunch program and the safety patrol but also through all of the learning experiences which influence a child's health knowledge, attitudes and practices. Physicians and public health nurses from this department serve as sources of information to school personnel in health matters and health teaching aids are available through the Health Department Division of Public Health Education.

This Department, through the Bureaus of Maternal and Child Health and Public Health Nursing has the responsibility for school health services for 202 public and parochial schools. Only educational, preventive and protective services such as periodic medical and dental screening, follow-up of health defects and communicable disease control are included. If treatment or follow-up is necessary, children are referred to physicians and dentists in private offices and to other accepted community facilities.

At the time of enrollment, all new children are given a health inventory form for the parent to fill out and a medical record for the family doctor to complete. This information is used by the school physician and public health nurse to interpret the child's health status to his teacher and other school personnel. Additional periodic health appraisals are made every three or four years and more often if the child has specific handicapping conditions or new health problems arise. Parents are urged to have this health appraisal done by the family medical adviser. As a high percentage of entering school children already have been immunized, no routine immunizations are now done in the schools. Tuberculin testing programs are conducted, however, on new children and specific high school grade levels as well as on contacts to active cases.

STATISTICAL REPORT FOR THE 37TH WEEK ENDING SEPTEMBER 14, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	5	9	775	2034	POLIOMYELITIS	5	3	81	14
DIPHTHERIA	0	0	0	0	POLIOMYELITIS (DISEASE YEAR)**		-	61	10
EPIDEMIC MENINGITIS	0	1	11	16	RHEUMATIC FEVER	0	0	4	15
GONORRHEA	22	25	1028	947	SALMONELLOSIS	0	0	118	94
INFECTIOUS HEPATITIS	1	0	36	23	SCARLET FEVER	0	2	90	198
INFLUENZA	0	1	12	17	SYPHILIS	9	16	272	227
MEASLES	8	5	2916	2597	TUBERCULOSIS	7	6	440	528
MUMPS	8	16	1756	1075	TYPHOID FEVER	0	0	3	3
PNEUMONIA, ALL FORMS	0	-	29	507	WHOOPING COUGH	1	5	36	57

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	[illegible]	200
BIRTHS RECORDED FOR THE WEEK	279	422

* NORMAL EXPECTANCY BASED ON A FIVE YEAR-MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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SAN FRANCISCO

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 24, 1956

BLINDNESS AND ITS PREVENTION

The designation of September as "Sight Saving Month" re-emphasizes the importance of blindness as a public health problem and the need for stronger vision conservation programs. The magnitude of the problem is underlined by the realization that the blind population of this country is now 344,000 with 27,000 new cases last year alone. Many have been blind since infancy, but accidents in the home, in industry, and on the playground account for much partial or complete loss of sight which is needless and preventable. In addition, diseases such as glaucoma and cataracts are leading causes of blindness. Right here in our own community there are 1,470 San Franciscans known to be blind. Of this number, 590 were recipients of aid to the blind as of December 1954 receiving payments totaling $558,529 during the 1954-55 fiscal year. In California the estimated total number of blind persons is between 22,000 and 24,000 and about $12,800,000 was paid to recipients of aid to the blind program in this State for the same fiscal year.

The above data came out of a statistical study conducted in 1955 in California by the staff of the Prevention of Blindness Project in the State Department of Public Health. While this study indicated that cataracts and glaucoma were the leading causes of blindness in the group investigated, it is glaucoma which is most amenable to preventive measures. The study estimated that in San Francisco there are 206 persons who are blind as the result of glaucoma and, further, that some 6,930 persons have undetected glaucoma. This last figure is based on the accepted estimate that two out of every one hundred persons over 40 has undetected glaucoma. As glaucoma can usually be checked if caught early, it is this matter of early detection which needs to be emphasized. A complete physical examination of the eyes every two years would probably reveal many cases even before the patient is conscious of symptoms. This is particularly important after the age of 40 when the disease most often occurs.

Our educational endeavors toward the prevention of unnecessary blindness resulting from accidents and disease need to be intensified. This is a task worthy of concerted community action.

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STATISTICAL REPORT FOR THE 38TH WEEK ENDING SEPTEMBER 21, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	6	10	781	2045	POLIOMYELITIS	0	3	81	16
DIPHTHERIA	0	0	0	0	POLIOMYELITIS (DISEASE YEAR)**		-	61	12
EPIDEMIC MENINGITIS	0	1	11	16	RHEUMATIC FEVER	0	0	4	16
GONORRHEA	27	33	1055	971	SALMONELLOSIS	2	1	120	94
INFECTIOUS HEPATITIS	0	0	36	24	SCARLET FEVER	0	3	90	198
INFLUENZA	0	1	12.	17	SYPHILIS	3	26	275	233
MEASLES	4	7	2920	2605	TUBERCULOSIS	8	25	448	533
MUMPS	9	12	1765	1090	TYPHOID FEVER	0	0	3	3
PNEUMONIA, ALL FORMS	0	-	29	512	WHOOPING COUGH	0	3	35	61

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1956	1955
PNEUMONIA	2	DEATHS RECORDED FOR THE WEEK	177	176
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	470	508

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN

* "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 1, 1956

SAN FRANCISCO HOSPITAL - A PROGRESS REPORT

About two years ago, the people of San Francisco voted favorably on propositions to provide funds for remodeling and modernization of San Francisco Hospital and Laguna Honda Home. In addition to the more than $11,000,000 of bond money made available, the Board of Supervisors provided additional funds for deferred maintenance, so that we are in a position to combine our capital improvement programs with those of a deferred maintenance nature. Any large project of this kind requires many months spent in the developing of plans and securing of bids. An additional complication in this particular situation is the necessity to keep our institutions open and operating even during some of the major construction program. With this in mind, a progress report on the expenditure of these funds for the rehabilitation of our institutions may be of interest at this time.

Taking up the San Francisco Hospital first, we can report that twenty-seven projects at a cost of $587,985 have been completed. These include the modernization of three elevators, extensive painting in the main building, the development of additional access roads on the hospital grounds, relocation of the main dishwashing room of the kitchen, the modernization of the nursery and dishwashing facilities in the wards, the addition of modern equipment in the kitchens, the provision of storage areas and general cleaning and painting.

Construction is under way in eleven projects which will cost slightly in excess of $1,500,000. This work includes the construction of exterior stairways on the four main buildings, the provision of fire doors and modern elevators in the tuberculosis building and remodeling of the social service unit, Mission Emergency Hospital and the maternity building. Other changes effect the kitchen, incinerator and boilers.

In the planning stage are six projects, which will involve an expenditure of approximately $2,250,000, to provide new generators, additional cold storage facilities, a new service building, consolidation of laboratories, modernization of the tuberculosis wards and remodeling of four other ward buildings. Connecting corridors between each of the two outer wings will be constructed which will include two additional elevators. The time schedule calls for completion of all this work at San Francisco Hospital some time in 1960.

NOTE: NEXT WEEK WE SHALL REPORT ON THE REMODELING PROGRESS AT LAGUNA HONDA HOME.

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STATISTICAL REPORT FOR THE 39TH WEEK ENDING SEPTEMBER 28, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	10	21	791	2059
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	1	11	16
GONORRHEA	27	40	1082	1000
INFECTIOUS HEPATITIS	2	2	38	24
INFLUENZA	0	0	12	17
MEASLES	12	3	2932	2614
MUMPS	21	12	1786	1107
PNEUMONIA, ALL FORMS	0	-	29	515

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	2	7	83	20
POLIOMYELITIS (DISEASE YEAR)**		-	63	16
RHEUMATIC FEVER	0	0	4	16
SALMONELLOSIS	0	2	120	95
SCARLET FEVER	2	3	92	199
SYPHILIS	10	14	285	238
TUBERCULOSIS	9	14	456	545
TYPHOID FEVER	0	0	3	3
WHOOPING COUGH	0	3	35	63

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
SYPHILIS	2
TUBERCULOSIS	6

	1956	1955
DEATHS RECORDED FOR THE WEEK	209	197
BIRTHS RECORDED FOR THE WEEK	451	362

NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

LLIS D. SOX, M.D., DIRECTOR — OCTOBER 8, 1956

LAGUNA HONDA HOME - A PROGRESS REPORT

n the last issue of this Bulletin we described the progress being made in the physical ehabilitation of San Francisco Hospital. Turning to Laguna Honda Home, our institution or the medical care of the chronically ill and the custodial care of the aged, we find hat seven separate projects are now in progress, utilizing money from the bonds and lso deferred maintenance funds provided by the Board of Supervisors. Work has begun n reconstruction of the old infirmary as a residence to care for approximately 380 mbulatory men. As soon as we can house patients in this building, presumably about anuary 1, 1958, remodeling and modernization will be undertaken in the main building o convert living quarters for ambulatory patients into a chronic hospital. With the 00 additional beds thus provided, the total number of hospital beds will be increased o about 1,200.

he main kitchen is being completely remodeled along modern lines and a massive rotary ven and other new facilities for baking already have been installed. Work is progres- ing on the expansion of our power facilities and the remodeling of administrative ffices and clinic facilities in the main building. Connecting corridors and elevators re being constructed in some of the older buildings and the old farm buildings are eing demolished. The replacement of a water tank and the construction of new roads nd parking area are two additional projects just now being started. The enlargement f the laundry, improvements in the main hospital building, and remodeling of the other uildings closer to the front of Laguna Honda Home will be started in about a year.

he staffing of some of these facilities at both San Francisco Hospital and Laguna Honda ome will still constitute a problem, and then, of course, once the modernization is ompleted we will have to continually maintain the deferred maintenance program to revent deterioration; otherwise, we will be in the same position in another ten or wenty years that we were in 1954.

e are proud of the progress that has been made and by 1960 we will have some of the inest facilities of this kind available anywhere in the country. All San Franciscans hould have a sense of satisfaction in seeing the needed improvements take place at hese indispensable community institutions.

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STATISTICAL REPORT FOR THE 40TH WEEK ENDING OCTOBER 5, 1956

ASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
HICKENPOX	3	13	794	2072	POLIOMYELITIS	4	5	87	24
IPHTHERIA	0	0	0	0	POLIOMYELITIS (DISEASE YEAR)**		-	67	20
PIDEMIC MENINGITIS	1	0	12	16	RHEUMATIC FEVER	0	1	4	16
ONORRHEA	31	41	1113	1023	SALMONELLOSIS	1	0	121	98
NFECTIOUS HEPATITIS	0	0	38	24	SCARLET FEVER	1	4	93	200
NFLUENZA	0	0	12	17	SYPHILIS	8	33	293	244
EASLES	8	3	2940	2619	TUBERCULOSIS	8	17	464	553
UMPS	16	17	1802	1115	TYPHOID FEVER	0	0	3	3
NEUMONIA, ALL FORMS	0	-	29	519	WHOOPING COUGH	3	3	38	64

EATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1956	1955
NEUMONIA	2	DEATHS RECORDED FOR THE WEEK	200	138
UBERCULOSIS	2	BIRTHS RECORDED FOR THE WEEK	340	422

NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — OCTOBER 15, 1956

THE CHANGING PATTERN

The public health pattern is undergoing a constant change. Fifty years ago, bacterial diseases accounted for approximately 33% of the deaths in San Francisco. Today this percentage has been reduced to about 5% and chronic diseases such as cancer, heart disease and diabetes have emerged as the leading causes of death. Over two-thirds of San Francisco deaths are attributed to degenerative diseases. Associated with this tremendous shift from infectious to chronic diseases is the increasing life span of the population, and the attendant increase in diseases of the aged. Great progress has been made in such fields as environmental sanitation and maternal and child health and new skills in medical care and treatment have been developed. But as advances are made on one front, other health problems arise on other fronts. Such problems as accidents, alcoholism, suicides, housing, air pollution and mental health are demanding increased attention.

In this connection, we note that in San Francisco accidents in the home still constitute a major cause of death and disability. The correction of conditions leading to home accidents is one which rests squarely upon parents, who can control both the environment in which these accidents occur and the people to whom they occur. We are still concerned about our relatively high rate of deaths due to cirrhosis of the liver, much of which is related to chronic alcoholism. Suicide, the 9th ranking cause of death, is another index of an emotionally ill community. These and other mental health problems call for an intensification of our community mental health activities, with emphasis on prevention. Housing as a public health problem requires the continued cooperative endeavor of us all if we are to prevent the breakdown of our environment. The control of air pollution is one which we must face in cooperation with our neighboring counties.

Again, the trend in deaths and disabilities points up the necessity for improved control and prevention of non-communicable diseases affecting our community's health. Earlier diagnoses of malignancies and of certain types of heart disease may result in extension of life for people affected with these diseases. With a high level of medical care available in San Francisco, the general population must be motivated to seek good medical care early, whether these diseases are physical or emotional in nature.

STATISTICAL REPORT FOR THE 41ST WEEK ENDING OCTOBER 11, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1956 TO DATE
CHICKENPOX	13	19	807	2083
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	1	12	16
GONORRHEA	26	19	1139	1043
INFECTIOUS HEPATITIS	0	0	38	24
INFLUENZA	0	0	0	19
MEASLES	5	3	2945	2635
MUMPS	24	13	1326	1139
PNEUMONIA, ALL FORMS	0	-	29	520

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	5	6	92	26
POLIOMYELITIS (DISEASE YEAR)**	-		72	22
RHEUMATIC FEVER	0	1	4	12
SALMONELLOSIS	1	0	122	100
SCARLET FEVER	2	5	95	201
SYPHILIS	7	17	300	250
TUBERCULOSIS	5	14	469	563
TYPHOID FEVER	1	0	4	3
WHOOPING COUGH	4	2	41	64

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 1

	1956	1955
DEATHS RECORDED FOR THE WEEK	148	156
BIRTHS RECORDED FOR THE WEEK	362	415

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** DISEASE YEAR BEGINS ON APRIL 1ST

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

OCTOBER 22, 1956

HOW HOME ACCIDENTS HAPPEN

In previous issues of this Bulletin we have discussed the survey of home accidents conducted in San Francisco and some of the preliminary data coming out of this study. It was pointed out that the purpose of the survey was to gather additional information as to where, why and how accidents occur. As only accidents reported through our Emergency Hospitals were surveyed, the results do not reveal the total extent of home accidents in San Francisco. However, the survey does give a picture of the different types of accidents and comparative data on the objects and actions involved.

Last month we reported on falls - the leading type of home accident. Other important categories (see tables below) include ingesting substances such as medicines, being caught in objects such as doors and wringers, explosion as from utility gas, being bitten (chiefly by dogs), stepping on objects such as nails and picking up or grasping sharp objects. In a later Bulletin we shall report on another important group of accidents - those resulting from striking against or being struck by objects.

INGESTING:	150
Medicine	74
Insecticides, rodenticide or agricultural chemical	27
Other poisonous substance	21
Household cleaning substance	20
Other	8

CAUGHT IN:	147
Door	54
Washing machine wringer	43
Other household appliance	12
Window	12
Furniture	6
Other	20

EXPLOSION OF:	67
Utility gas	46
Fireworks	11
Gasoline	3
Other	7

BITTEN BY:	60
Dog	51
Other animal	7
Other	2

STEPPING ON:	35
Nail	20
Broken glass	8
Needle or other sharp object	4
Other	3

PICKING UP OR GRASPING:	31
Razor blade	6
Piece of wood	5
Knife	4
Broken glass	3
Other	13

STATISTICAL REPORT FOR THE 42ND WEEK ENDING OCTOBER 19, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	16	28	823	2097
DIPHTHERIA	1	0	1	0
EPIDEMIC MENINGITIS	0	0	12	16
GONORRHEA	41	56	1180	1061
INFECTIOUS HEPATITIS	2	1	40	25
INFLUENZA	0	0	12	20
MEASLES	9	5	2954	2642
MUMPS	16	17	1842	1152
PNEUMONIA, ALL FORMS	0	-	29	522

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	4	9	96	29
POLIOMYELITIS (DISEASE YEAR)**	-		76	25
RHEUMATIC FEVER	0	1	4	18
SALMONELLOSIS	1	1	123	102
SCARLET FEVER	2	5	97	204
SYPHILIS	7	22	307	252
TUBERCULOSIS	8	14	477	575
TYPHOID FEVER	0	0	4	4
WHOOPING COUGH	2	5	43	66

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	7
POLIOMYELITIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	255	187
BIRTHS RECORDED FOR THE WEEK	498	466

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

**"DISEASE YEAR" BEGINS ON APRIL 1ST

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 29, 1956

AIR POLLUTION

The concern continues regarding atmospheric pollution and its effect on our health and comfort. This problem of "smog" and its control follows a pattern already established in the fight against water pollution. Just as we have found that we can no longer dispose of liquid and solid waste by dumping it into a nearby body of water, we also are finding that the atmosphere will not dispose of an unlimited amount of aerial waste. Clean water and clean air alike are natural resources which we continually must work to retain or restore.

A variety of man-made sources contribute to air pollution, including industry, motor vehicles and incineration of domestic refuse. Natural phenomena such as topography, temperature inversion and other meteorological factors alter and concentrate the pollutants and increase their effects. And as our population expands and our industry flourishes, the problem of air contamination becomes greater.

The State Department of Public Health has been conducting a statewide study of air pollution and many non-governmental organizations including universities and private industry are making valuable contributions in the investigation of factors in the air pollution problem. Despite this increased study many questions remain to be answered, particularly with reference to the effect of smog upon health.

The actual control of air pollution is a local responsibility and as the problem is of a regional character the State Legislature has made possible the formation of air pollution control districts. To this end the six counties of Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara have established the San Francisco Bay Area Air Pollution Control District, which began to function on October 1. An Administrative Control Officer and a 12-member board designated by elected officials of the six counties will direct the program. Both of these can draw upon the knowledge and experience of a 20-member Advisory Council. The control officer will conduct studies of conditions in the Bay Area, make recommendations and enforce any regulations governing the discharge of wastes into the air which the Board adopts. This cooperative step should provide means of controlling the problem during its development rather than after conditions become critical.

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STATISTICAL REPORT FOR THE 43RD WEEK ENDING OCTOBER 26, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	13	25	836	2127
DIPHTHERIA	0	1	1	0
EPIDEMIC MENINGITIS	0	0	12	16
GONORRHEA	37	33	1217	1092
INFECTIOUS HEPATITIS	2	0	42	31
INFLUENZA	1	0	13	20
MEASLES	5	7	2959	2653
MUMPS	17	18	1859	1158
PNEUMONIA, ALL FORMS	0	-	29	526

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	5	10	101	29
POLIOMYELITIS (DISEASE YEAR)**	-		81	25
RHEUMATIC FEVER	1	0	5	18
SALMONELLOSIS	3	0	126	104
SCARLET FEVER	7	7	104	208
SYPHILIS	9	14	316	263
TUBERCULOSIS	13	15	487	594
TYPHOID FEVER	0	0	4	4
WHOOPING COUGH	2	5	45	67

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	179	181
BIRTHS RECORDED FOR THE WEEK	416	330

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR NOVEMBER 5, 1956

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GLAUCOMA

Glaucoma is the second most important disease causing blindness, being outranked only by cataract. Great strides have been made in reducing blindness in children from syphilis, ophthalmia neonatorum and, more recently, retrolental fibroplasia. Among adults, however, glaucoma is an insidious condition which occurs most frequently among people over 40 years of age and the extent of the problem is revealed by the results of mass screening which show that 2% of persons over 40 are victims of undetected glaucoma. Applying this to San Francisco with an estimated population over 40 years of age of 346,500, some 6,930 adults have undetected glaucoma in addition to the estimated 206 who are blind from this disease.

While the cause of glaucoma is unknown it is described as a condition of increased fluid pressure within the eyeball which, if not reduced, in time destroys the function of the retina and optic nerve. At first the fluid pressure damages those retinal nerve fibers which enable one to see to either side. In the later stages of the disease, the pressure damages the nerves which permit central vision and complete and irreversible loss of sight is the result. In acute primary glaucoma the sudden onset of symptoms of severe pain and cloudy vision prompt quick medical attention. Chronic simple glaucoma, which is far more prevalent than the acute type, is more dangerous in that there is a gradual painless loss of vision of which the person may be completely unaware or only vaguely disturbed by intermittent symptoms of blurred or foggy vision. Consequently, he usually postpones his visit to the doctor.

Detected in its early stages, glaucoma usually can be controlled by medication or surgery. Therefore, the early detection of the disease is the best method of preventing its progress to blindness. To this end, in addition to general public education about glaucoma, it is recommended that everyone over 40 should get a thorough eye examination at least once every two years. This means more than getting a test for glasses. With the aid of the tonometer and other specialized equipment, the ophthalmologist has the skills to find and treat unknown cases. Further, other physicians can screen for glaucoma and make indicated referral to the specialist by making an eye examination, including testing for fluid pressure, a part of every general physical examination of those 40 years of age and over.

STATISTICAL REPORT FOR THE 44TH WEEK ENDING NOVEMBER 2, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	9	30	845	2143
DIPHTHERIA	0	1	1	0
EPIDEMIC MENINGITIS	0	0	12	16
GONORRHEA	41	48	1251	1118
INFECTIOUS HEPATITIS	0	1	42	31
INFLUENZA	1	0	[illegible]	21
MEASLES	5	4	2964	2666
MUMPS	7	15	1866	1170
PNEUMONIA, ALL FORMS	0	-	29	528

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	1	9	102	29
POLIOMYELITIS (DISEASE YEAR)**		-	82	[illegible]
RHEUMATIC FEVER	0	1	5	18
SALMONELLOSIS	4	1	130	104
SCARLET FEVER	2	7	106	210
SYPHILIS	10	19	326	273
TUBERCULOSIS	12	17	499	603
TYPHOID FEVER	1	0	5	4
WHOOPING COUGH	0	2	45	67

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
SYPHILIS	
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	172	[illegible]
BIRTHS RECORDED FOR THE WEEK	377	436

* NORMS EXPECTANCY BASED ON 5 FIVE [illegible]

** [illegible]

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 13, 1956

PROPER FOOD HANDLING AND THE DINER-OUT

It is a well recognized fact that food poisoning cases are seldom reported unless a great many people are affected or some one dies as a result. For this reason statistics do not reveal how serious the actual situation may be. But if we assume that even five percent of such food cases are reported, this would mean that annually, in a city of the size of San Francisco, approximately 40,000 people suffer from gastro-intestinal upsets of various sorts because of the ignorance or carelessness of food handlers. Moreover, there is no way to guess how many of us feel below par for a few days every now and then simply because we have subjected ourselves to the services of a negligent food-handler or insanitary restaurant.

In an effort to correct this nationwide condition, the San Francisco Health Department, like health departments all over the country, has conducted food handling classes for a period of years, with more or less success. Despite the warm endorsement of this program by many local organizations, attendance, particularly on the part of the general public, has been sparse. This failure to win the support of Mr. John Q. Public, the habitual diner-out, has been an important contributing factor in the slow progress made toward improving the commonly observed insanitary food handling practices. All health departments agree that until the public does actively participate in promoting such practices, no amount of legal coercion or education regardless how subtly done or skillfully executed will succeed.

The classes in sanitary food handling are held in this Health Department on the first three Mondays and Wednesdays of each month and are open to the general public as well as professional food handling personnel. Attendance at these classes will enable habitual restaurant patron and occasional diner-out to recognize the tell tale signs that characterize insanitary establishments and what he may demand in order to protect his health. Each protest from a customer regarding careless handling of food, a filthy washroom or dirty glassware helps to alert food handling personnel, whether employer or employee, that cleanliness is not only next to godliness, but also an essential ingredient of survival in the food industry.

STATISTICAL REPORT FOR THE 45th WEEK ENDING NOVEMBER 9, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	28	31	873	2159
DIPHTHERIA	0	1	1	0
EPIDEMIC MENINGITIS	0	0	12	16
GONORRHEA	29	40	1287	1141
INFECTIOUS HEPATITIS	0	2	42	32
INFLUENZA	1	0	15	21
MEASLES	11	7	2975	2689
MUMPS	23	27	1889	1185
PNEUMONIA, ALL FORMS	0	-	29	529

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	4	6	106	30
POLIOMYELITIS (DISEASE YEAR)**		-	86	26
RHEUMATIC FEVER	1	0	6	18
SALMONELLOSIS	4	0	134	105
SCARLET FEVER	4	5	110	213
SYPHILIS	5	20	331	287
TUBERCULOSIS	4	11	503	612
TYPHOID FEVER	0	0	5	4
WHOOPING COUGH	2	5	47	67

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	5
SYPHILIS	2
TUBERCULOSIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	217	166
BIRTHS RECORDED FOR THE WEEK	355	267

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 19, 1956

COMMUNICABLE DISEASE AND THE HEALTH DEPARTMENT

The responsibility for the protection of the health of the community as a whole lies with the health department and in this regard the control of communicable diseases has a long and well established priority. The health department is charged by law with the control of these diseases and this law makes it mandatory that their occurrence be reported to the official health agency. The health department in turn can then forewarn the private physician of diseases which are becoming prevalent and under its police powers take whatever specific measures may be necessary to diagnose and restrict the activity of cases and contacts and to find the source of the disease in order to protect the community as a whole.

School age children are highly vulnerable to many common diseases and attendance at school brings a great number of them together, many of whom may not have been immunized. As many diseases are transmitted before any symptoms are apparent, their spread cannot be entirely prevented no matter how careful the school or health authorities may be. Hence the school situation is always of concern to the health department which in turn must see to it that regulations governing exclusion from or return to school are enforced. In these so-called unavoidable childhood diseases, the serious complications which may occur are often prevented or minimized as a result of early recognition on the part of the school nurse or teacher and prompt action and diagnosis on the part of the private physician.

In addition to these specific control measures and equally important from the preventive aspect is the need for intelligent cooperation on the part of an alert community. Because the responsibility for individual health rests with the person, or in the case of children, with the parents, the health department by means of news releases, weekly bulletins, and talks to various groups, endeavors to acquaint the community regarding any unusual health conditions or diseases, how to recognize them and what may be done to avoid them. To further the concept of individual responsibility, the health department urges each family to make use of their usual source of medical care for immunizations, to keep a record of their children's immunizations and to cooperate with health and school authorities.

STATISTICAL REPORT FOR THE 46th WEEK ENDING NOVEMBER 16, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	7	47	880	2174	POLIOMYELITIS	2	8	108	31
DIPHTHERIA	0	1	1	0	POLIOMYELITIS (DISEASE YEAR)**	-		88	27
EPIDEMIC MENINGITIS	0	0	12	16	RHEUMATIC FEVER	0	0	6	18
GONORRHEA	39	42	1326	1176	SALMONELLOSIS	1	0	135	105
INFECTIOUS HEPATITIS	1	0	43	33	SCARLET FEVER	3	8	113	219
INFLUENZA	0	0	15	21	SYPHILIS	8	16	339	290
MEASLES	7	4	2982	2701	TUBERCULOSIS	7	12	510	626
MUMPS	31	32	1920	1201	TYPHOID FEVER	0	0	5	4
PNEUMONIA, ALL FORMS	0	-	29	529	WHOOPING COUGH	5	1	52	67

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	5
SYPHILIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	191	200
BIRTHS RECORDED FOR THE WEEK	373	404

* NORMAL EXPECTANCY BASED ON A FIVE YEAR-MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

NOVEMBER 26, 1956

PUBLIC HEALTH AND JUVENILE DELINQUENCY

One of the more serious and distressing illnesses that exists in the community goes by the name of Juvenile Delinquency. Actually, this represents an emotional illness of considerable proportion, and it varies in degree from relatively mild cases to disorders of a severe nature. We know that such antisocial behavior that is included under the term "juvenile delinquency" represents an unhealthy and destructive way of relieving internal tensions and anxiety. We also know that the individual psychiatric treatment of a severe case of this sort is quite lengthy, expensive and often of dubious success. Thus the more we can turn our attention to the problem of prevention, the more effective we can be in fighting this illness.

Among other things, prevention involves an understanding of the factors responsible for the production of the illness as well as the ability to recognize these factors early and influence them beneficially. With regard to juvenile delinquency, there is a good sized body of theoretical knowledge that points out some of the factors involved in the production of this illness. More and more, emphasis is being placed on the importance of an emotionally healthy childhood with stable, gratifying relationships with significant members of the family, particularly in the early formative years. The importance of a healthy mother-child relationship in these very early years is receiving special attention.

Since this represents a community health problem, the Public Health Department feels a responsibility toward its prevention. Within our Bureau of Maternal and Child Health, The Division of Mental Hygiene is attempting to work more closely with the doctors and nurses in the Public Health Centers, so that with increased understanding and early recognition of the "pre-delinquent" personality, more effective inroads can be made against this problem. The growing interest in this area is manifested by the nursing bureau's recent panel discussion on Juvenile Delinquency. As closer work between the Division of Mental Hygiene and the personnel in the Health Centers increases, understanding of the problem will hopefully lead to the application of more effective preventive measures in the daily work with children and their parents. Although this goal of prevention appears difficult, remote, and often discouraging, it is the ideal toward which we must strive.

STATISTICAL REPORT FOR THE 47th WEEK ENDING NOVEMBER 23, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	21	29	901	2225
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	12	16
GONORRHEA	30	34	1356	1211
INFECTIOUS HEPATITIS	0	0	43	34
INFLUENZA	0	0	15	21
MEASLES	2	4	2984	2716
MUMPS	27	19	1947	1222
PNEUMONIA, ALL FORMS	1	-	30	529

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	2	3	110	31
POLIOMYELITIS (DISEASE YEAR)**		-	90	27
RHEUMATIC FEVER	0	1	6	18
SALMONELLOSIS	2	0	137	107
SCARLET FEVER	4	5	117	220
SYPHILIS	6	18	345	295
TUBERCULOSIS	4	13	514	640
TYPHOID FEVER	0	0	5	5
WHOOPING COUGH	0	3	52	67

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	1
TUBERCULOSIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	171	162
BIRTHS RECORDED FOR THE WEEK	312	354

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 3, 1956

THE AGING PATIENT

In contrast to the private physician-individual patient relationship, the Health Department's patient is the entire community. In San Francisco the community is made up of 800,000 cells which constitute the body politic -- our patient. When we look at this patient we find that ten per cent of our population is over 65 years of age, and 25% of the population is over 45. These are higher percentages than are found in our neighboring counties. Estimates indicate that about nine per cent of the United States population is over 65 and that within the next 20 years, this percentage will increase to 15. On the basis of trends in San Francisco, one can then presume that by 1975, some 15 to 18 per cent of our population will be over 65, and between 30 and 35 per cent of our population will be over 45.

Aging is a life-long process, and the older we become the closer we operate to our maximum capacity. In other words, the reserve of the individual is decreased as he gets older. These people over 45 years of age are likely to use more hospital days per year than the same number of people under 45. Those over 65, particularly, are likely to need hospital beds for a longer time per person. Their economic reserve is decreased because of their inability to work and to produce. They do not die of communicable diseases. They die in increasing numbers of chronic diseases or acute manifestations of diseases to which, because of their low reserve, they are more susceptible. Therefore, the impact of care of the aged, whether chronically ill or just getting old, is one that has to be faced squarely.

The whole consideration of our community patient suggests that the medical profession, the health department and community health agencies have to focus more dynamically on the multiple problems of this particular group of people. We need to join in an analysis of the total problems affecting from 10 to 20 per cent of our population, so that these elderly people cannot only be kept alive in reasonably good health, but also kept happy and as productive as possible. This involves collaboration with industry, with various community agencies, and with every resource that we can bring to bear on this problem. It is a sociologic, economic, medical, emotional, and public health problem which must be solved by the community as a whole.

STATISTICAL REPORT FOR THE 48th WEEK ENDING NOVEMBER 30, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	34	47	935	2248
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	1	12	16
GONORRHEA	27	32	1383	1234
INFECTIOUS HEPATITIS	1	1	44	34
INFLUENZA	0	0	15	21
MEASLES	11	7	2995	2725
MUMPS	17	27	1964	1227
PNEUMONIA, ALL FORMS	3	-	33	529

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	2	4	111	32
POLIOMYELITIS (DISEASE YEAR)**		-	91	28
RHEUMATIC FEVER	0	1	6	20
SALMONELLOSIS	4	1	141	107
SCARLET FEVER	5	7	122	225
SYPHILIS	5	16	350	308
TUBERCULOSIS	18	11	532	648
TYPHOID FEVER	0	0	5	5
WHOOPING COUGH	1	5	53	68

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
INFLUENZA	1
PNEUMONIA	5
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	181	231
BIRTHS RECORDED FOR THE WEEK	[illegible]	411

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 10, 1956

"GUARD CHRISTMAS PLEASURES WITH SAFETY MEASURES"

The month of December is an ideal time for parents to keep in mind the above excellent slogan which was publicized by the National Safety Council. The Christmas season is a hazardous time of the year and Christmas happiness is too often marred by tragic accidents to children in the home. The general holiday atmosphere tends to make children overtired and excitable and parents must be more than usually alert at this time to anticipate potential hazards. Although there are many dangers associated with the Christmas season, parents should be particularly concerned by those caused by fire, electricity and toys. Listed below are some simple ABCs for Christmas safety:

A. Fire is the number one year-round threat to children and seasonal activities at this time heighten the dangers. Hence parents should:

a) Make sure the Christmas tree is safe from fire by putting it in a container of water or wet sand and discarding it when the needles start to fall.
b) Not place electric trains under the tree which may be easily ignitable.
c) Avoid the use of cotton or paper on the tree or the use of lighted candles for decoration, either on the tree or near inflammable drapes or clothing.

B. Electricity can result in serious accidents unless safety precautions are observed. Hence:

a) Check all wires or connections to see if they are in good condition.
b) Do not leave tree lights burning when the family has retired or no one is home.
c) Do not plug multiple extension cords into one outlet.

C. Toys should be designed for safety as well as for pleasure, hence the following hazards should be kept in mind when selecting them:

a) Small toys with removable parts may be swallowed and cause strangulation.
b) Toys with sharp edges may cut; shooting or flying toys may pierce and even kill.
c) Chemicals may explode or poison.

STATISTICAL REPORT FOR THE 49th WEEK ENDING DECEMBER 7, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	30	45	965	2332
DIPHTHERIA	0	2	1	1
EPIDEMIC MENINGITIS	0	0	12	16
GONORRHEA	42	39	1425	1267
INFECTIOUS HEPATITIS	1	0	45	35
INFLUENZA	0	0	15	21
MEASLES	4	8	2999	2772
MUMPS	13	43	1977	1278
PNEUMONIA, ALL FORMS	0	-	33	529

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	1	5	112	34
POLIOMYELITIS (DISEASE YEAR)**	-		93	30
RHEUMATIC FEVER	0	1	6	20
SALMONELLOSIS	3	1	144	108
SCARLET FEVER	3	12	125	227
SYPHILIS	6	22	356	314
TUBERCULOSIS	14	17	546	659
TYPHOID FEVER	0	0	5	5
WHOOPING COUGH	0	2	53	69

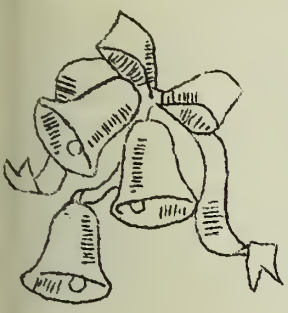
DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
POLIO	1
TUBERCULOSIS	1

	1956	1955
DEATHS RECORDED FOR THE WEEK	190	171
BIRTHS RECORDED FOR THE WEEK	443	459

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 17, 1956



Greetings

A MERRY CHRISTMAS AND HAPPY NEW YEAR TO YOU ALL

To the hundreds of volunteers who are bringing added cheer to the patients in our institutions, and who help each day of the year in our many activities, our deep thanks and best wishes. To the medical profession of San Francisco, whose practice of preventive medicine and whose cooperation with the Health Department has contributed to making San Francisco so healthy, and to the more than four hundred physicians and dentists who serve on the visiting staffs of our institutions, many times for thirty to forty hours a week, goes the appreciation of all the people of San Francisco.

To the 2,800 members of the staff of this department, whose interest in their work and in people, both those they serve and those with whom they work, may we in administrative service commend you for a job well done, and wish that you and your families will have the most merry Christmas and a happy and successful year ahead. The people of San Francisco should be proud of the work done by the staff of the San Francisco Department of Public Health, just as we in the department are proud of the way the people of San Francisco, both as individuals and through voluntary organizations and through the other units of government have assisted this department in meeting its obligations. We have many times emphasized that public health is not a one-man job or a one-agency job.

1956 has again shown that we can work together in solving our public health problems. As Tiny Tim said, "God Bless Us, Every One".

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STATISTICAL REPORT FOR THE 50th WEEK ENDING DECEMBER 14, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	30	46	995	2366
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	0	12	16
GONORRHEA	36	29	1461	1300
INFECTIOUS HEPATITIS	0	3	45	36
INFLUENZA	0	0	15	21
MEASLES	8	7	3007	2808
MUMPS	27	36	2004	1320
PNEUMONIA, ALL FORMS	0	-	33	529

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	0	4	112	35
POLIOMYELITIS (DISEASE YEAR)**		-	92	31
RHEUMATIC FEVER	0	1	6	20
SALMONELLOSIS	4	1	148	109
SCARLET FEVER	10	8	135	232
SYPHILIS	9	21	365	321
TUBERCULOSIS	12	10	558	666
TYPHOID FEVER	0	0	5	5
WHOOPING COUGH	9	6	62	70

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFLUENZA	1
PNEUMONIA	1
TUBERCULOSIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	215	182
BIRTHS RECORDED FOR THE WEEK	339	343

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 24, 1956

REHABILITATION - THE TEAM APPROACH

As reported in a previous Weekly Bulletin, the program of rehabilitation at Laguna Honda Home has for its objective the prevention of progress of chronic ailments in its patients, to help them live within the physical disabilities of old age and to make their latter years ones of cheerful interest. To do this requires the integrated services of a rehabilitation team of skilled workers, comprising staff physicians, psychiatrist, a medical specialist in physical medicine, occupational and physical therapists, medical social workers, adult education personnel and a coordinator, all involved in maintaining a program to enable each handicapped patient to be as self-sustaining, productive and happy as possible.

It is essential in such a program that the team members learn to view each patient as a whole entity rather than through the limited vision of their own particular specialty. To this end, the members attend a weekly physical medicine clinic and together work out a total rehabilitation program for patients referred to it by the medical staff. In addition, individual patient programs already under way are evaluated, progress and problems are discussed and avenues to more effectively utilize available personnel and facilities are explored. In this way it is felt that the total picture of any given patient is seen by all concerned and simultaneously the staff gains insight into the "inner workings" of their patients. A conference is held each month which is also attended by various key personnel from vocational rehabilitation in an attempt to select candidates who have been maximally rehabilitated for job training and placement.

Liaison has been established with the State of California Department of Employment and it is anticipated that a few select patients will be placed in gainful employment by this agency from time to time. It should be emphasized, however, that the great majority of rehabilitated patients at the Home will not be candidates for job placement. For most patients the goal is "maximal functional restoration" which varies from minimal degress of self care to total self care in the ambulatory sections of the Home. In addition to the immeasurable human factor, this philosophy achieves practical monetary savings by the Home in the care of patients, not to mention making available valuable hospital beds for other needy patients. By stressing the team approach in rehabilitation it has been found that some remarkable results may be obtained and although there are often frustrating aspects in dealing with the geriatric age group, the work is stimulating and richly rewarding.

STATISTICAL REPORT FOR THE 51st WEEK ENDING DECEMBER 21, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	16	22	1011	2396
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	1	12	17
GONORRHEA	31	38	1492	1327
INFECTIOUS HEPATITIS	1	0	46	38
INFLUENZA	0	0	15	21
MEASLES	9	6	3016	2833
MUMPS	14	20	2018	1351
PNEUMONIA, ALL FORMS	0	-	33	529

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	0	2	112	36
POLIOMYELITIS (DISEASE YEAR)		-	92	32
RHEUMATIC FEVER	0	1	6	20
SALMONELLOSIS	2	0	150	114
SCARLET FEVER	3	8	138	233
SYPHILIS	1	14	366	329
TUBERCULOSIS	13	14	571	672
TYPHOID FEVER	0	0	5	5
WHOOPING COUGH	2	2	64	73

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
TUBERCULOSIS	3

	1956	1955
DEATHS RECORDED FOR THE WEEK	214	210
BIRTHS RECORDED FOR THE WEEK	338	253

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 31, 1956

YOUR BIRTHDAY PRESENT - A PHYSICAL CHECKUP

Looking back over 1956 as the year closes, we can take pleasure in the fact that, by and large, San Francisco and its residents constitute a fairly healthy community. But, as has been indicated from time to time, San Francisco is also a city with an aging population. Ten per cent of our population is over 65 years of age and twenty five per cent is between forty-five and sixty-five years of age.

These are the ages when people suffer from increasing number of chronic diseases or acute manifestations of diseases to which they are more susceptible. Many of these chronic diseases as cancer, diabetes, those of the heart, blood vessels and kidneys would not be the killers they are if they were diagnosed and treated in the initial stages. Most of us get used to feeling the way we feel each day. We carelessly disregard the little danger signals that warn us of impending trouble. Or we dose ourselves with nostrums and tranquillizers from the drug store that do nothing more than hide or mask the symptoms that annoy us. Then sometimes, too late, we find that our little symptoms have become big trouble.

The beginning of the new year may be an appropriate time to call attention to a simple preventive remedy for this situation, viz., the annual physical checkup. In fact, beginning with this year of 1957 each of us over 30 might wisely establish a health pattern to include such a periodic checkup each year during the month of our birthday, which would serve as a reminder. While it is no guarantee of longevity, this periodic health examination not only enables the physician to detect incipient disease, but far more important, provides him with an opportunity to give counsel concerning adjustment in mode of life so that the patient may face the requirements of the approaching age process intelligently and adequately and continue to be a productive breadwinner and useful citizen.

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STATISTICAL REPORT FOR THE 52nd WEEK ENDING DECEMBER 28, 1956

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	12	21	1023	2434
DIPHTHERIA	0	1	1	1
EPIDEMIC MENINGITIS	0	1	12	17
GONORRHEA	41	37	1533	1359
INFECTIOUS HEPATITIS	0	0	46	40
INFLUENZA	0	0	15	21
MEASLES	1	3	3017	2849
MUMPS	9	14	2027	1368
PNEUMONIA, ALL FORMS	0	-	33	529

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
POLIOMYELITIS	0	3	112	34
POLIOMYELITIS (DISEASE YEAR)**	-		92	34
RHEUMATIC FEVER	0	0	6	20
SALMONELLOSIS	1	1	151	117
SCARLET FEVER	1	4	139	236
SYPHILIS	5	12	371	333
TUBERCULOSIS	11	17	582	675
TYPHOID FEVER	0	0	5	5
WHOOPING COUGH	0	1	64	73

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	5
TUBERCULOSIS	2

	1956	1955
DEATHS RECORDED FOR THE WEEK	197	183
BIRTHS RECORDED FOR THE WEEK	339	371

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 7, 1957

TRAFFIC SAFETY - THE PEDESTRIAN'S CONTRIBUTION

As an aftermath of the holiday season's accident toll, the opening of each new year brings with it a reawakening to the seriousness of the traffic accident problem and the needless loss of life and limb it involves. Almost all traffic authorities agree that in the vast majority of cases such accidents are not caused by automobiles, but by drivers and pedestrians - in other words, by people, which simply means that all of us whether drivers or pedestrians, have a responsibility toward lessening the number of these accidents. And while traffic accidents are not usually thought of as being a problem of public health, nevertheless, the health department must concern itself with any and all factors which adversely affect the physical and mental well-being of the community.

In considering the factors which cause pedestrian accidents, there is a tendency for the pedestrian to blame the motorist who in turn lays the blame on the pedestrian. But who had the right of way or just who was negligent can make little difference to the approximately 47 San Francisco pedestrians who were killed in 1956, nor would the answer to the question magically heal the wounds of the 1,590 other pedestrians who were injured and disabled for varying lengths of time. Statistics indicate that more pedestrians are killed during the hours of dusk and darkness than during the hours of daylight; that two thirds of these pedestrian accidents occur in urban areas; and that one third of the pedestrians killed in motor vehicle accidents are aged 65 or older. All of which adds up to the fact that the winter months with their adverse weather conditions and decreased visibility are especially hazardous for the pedestrian, particularly the older one, and emphasizes the need for increased vigilance and caution at this time.

How can we as pedestrians keep from walking ourselves to death? The observance of the following simple rules will help to save our own life and can be our 1957 contribution to the prevention of traffic accidents: a) Carry or wear something white or light colored when walking at night; b) Be doubly careful after dark in bad weather; c) Cross streets at CORNERS only; d) Never walk into street from between parked cars; e) Obey traffic signs and signals - cross on GREEN or WALK only; f) Wait on side walk - not on street - for GREEN light or WALK; g) Cross street in crosswalks; don't cross intersection diagonally; h) After getting off bus or street car, don't go around it, front or rear. Wait until it leaves before crossing.

STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 4, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	37	44	37	18	POLIOMYELITIS	1	1	1	2
DIPHTHERIA	0	0	0	0	RHEUMATIC FEVER	0	0	0	0
EPIDEMIC MENINGITIS	0	1	0	0	SALMONELLOSIS	5	0	5	0
GONORRHEA	29	24	29	22	SCARLET FEVER	1	4	1	6
INFECTIOUS HEPATITIS	0	1	0	2	SYPHILIS	1	9	1	3
INFLUENZA	0	1	0	0	TUBERCULOSIS	16	9	16	11
MEASLES	6	12	6	19	TYPHOID FEVER	0	0	0	1
MUMPS	10	27	10	27	WHOOPING COUGH	0	3	0	1
PNEUMONIA, ALL FORMS	0	5	0	0					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1957	1956
PNEUMONIA	3	DEATHS RECORDED FOR THE WEEK	162	217
		BIRTHS RECORDED FOR THE WEEK	375	263

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 14, 1957

THE BAY AREA POISON CONTROL CENTER

Thirty two persons died of accidentally administered or inhaled poisons in San Francisco in 1955. Scores of others were hospitalized or treated by physicians. Between 1948 and 1955 there were 2093 accidental poisonings resulting in death in the United States among tots less than four years of age. The ever increasing number of new chemical substances such as deodorants, depilatories, detergents, herbicides, insecticides, rodenticides, stimulants, sedatives and other drugs and household preparations that appear on the market almost daily and soon find their way into homes influence the incidence of, and are perhaps responsible for, the substantial rise in chemical poisonings. A growing awareness of this problem has led to the organization of Poison Control Centers as sources of information on the latest treatment and prevention methods, in 18 cities throughout the country.

The San Francisco Bay area now has such a program in the developmental stage. The local chapter of the National Safety Council has offered office space, facilities and staff to house the Center and professional advice and help in raising the necessary money to finance the undertaking. A committee has been working on plans with representation from Bay Area health departments, the medical societies, medical schools, the East Bay Children's Hospital and the Children's Hospital of San Francisco. The Center will make specific information on poisons and treatment available to physicians, will study the frequency and cause of poisonings as they occur in order to devise better methods of prevention and to promote better understanding by both professional health personnel and the public of how poisonings may be prevented. It is planned that the information pertaining to the type, incidence, treatment and prevention developed in each local center for such poisonings will be coordinated with similar information in other centers throughout the country and result in a sound program leading to the prevention and best treatment for such needless mishaps.

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STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 11, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	47	60	84	66	POLIOMYELITIS	0	0	1	2
DIPHTHERIA	0	0	0	0	RHEUMATIC FEVER	0	0	0	0
EPIDEMIC MENINGITIS	0	1	0	0	SALMONELLOSIS	0	4	5	8
GONORRHEA	29	40	58	62	SCARLET FEVER	5	8	6	10
INFECTIOUS HEPATITIS	2	0	2	3	SYPHILIS	9	7	10	7
INFLUENZA	0	-	0	0	TUBERCULOSIS	10	13	26	18
MEASLES	7	19	13	55	TYPHOID FEVER	0	0	0	1
MUMPS	21	35	31	106	WHOOPING COUGH	0	1	0	1
PNEUMONIA, ALL FORMS	0	-	0	0					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1957	1956
PNEUMONIA	6	DEATHS RECORDED FOR THE WEEK	244	210
TUBERCULOSIS	2	BIRTHS RECORDED FOR THE WEEK	452	492

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JANUARY 21, 1957

PUBLIC HEALTH AND THE FAMILY

The wide spectrum of public health includes not only tuberculosis, poliomyelitis and other infectious diseases that are routinely studied and attacked in the family context but also many noninfectious ailments such as obesity, alcoholism, mental health and essential hypertension, all of which are influenced by the family situation.

To those of us working in this field it is apparent that there is a changing profile in families with extensive changes during the past fifteen or twenty years. The high marriage rate and the high birth rate following 1940 account for this, the marriage rate decreasing considerably since demobilization in 1946. At that time, in 1946, the marriage rate in the United States was 16.2 per thousand population. In 1955, the marriage rate was 9.3 per thousand. After the early 1960's it is expected that the marriage rate will again increase whether there is a war or not, when the large number of babies born during the war and post-war years begin to reach marriageable age. The age of marriage is younger than it used to be, so it appears important that educational programs for marriage and for raising families be encouraged.

Another problem related to this matter of marriage is that with the declining mortality, even the actual number of widows in the population is increasing. About one out of every two who now become widows before the age of sixty has twenty years of life ahead of her. Nine out of every ten widows live in their own homes or with relatives. Of the remaining tenth, about half live as lodgers or resident employees, a fourth live in hotels or similar places and another fourth live in homes for the aged or other institutions.

With the changing patterns of family organization and the patterns of housing, many problems arise. The role of home is decreasing in its traditional functions of work, of religious worship, of the schooling of children and of the care of the sick and aged.

These are problems and trends which are of importance to us in public health not only because of their impact on the welfare of the community as a whole, but also because of their bearing on the physical and mental health of its families and their members.

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STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 18, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	75	36	159	91	POLIOMYELITIS	0	1	1	3
DIPHTHERIA	0	0	0	0	RHEUMATIC FEVER	0	1	0	0
EPIDEMIC MENINGITIS	0	1	0	1	SALMONELLOSIS	1	1	6	11
GONORRHEA	50	29	108	99	SCARLET FEVER	5	4	11	12
INFECTIOUS HEPATITIS	0	0	2	5	SYPHILIS	15	5	25	10
INFLUENZA	0	-	0	0	TUBERCULOSIS	11	12	37	31
MEASLES	9	14	22	85	TYPHOID FEVER	0	0	0	1
MUMPS	36	40	67	157	WHOOPING COUGH	1	2	1	3
PNEUMONIA, ALL FORMS	0	-	0	0					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
SYPHILIS	2
TUBERCULOSIS	3

	1957	1956
DEATHS RECORDED FOR THE WEEK	240	183
BIRTHS RECORDED FOR THE WEEK	375	420

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JANUARY 28, 1957

SAN FRANCISCO'S VITAL STATISTICS

	1956, PROVISIONAL	1955, FINAL	
	BY OCCURRENCE	BY OCCURRENCE	BY RESIDENCE
BIRTHS	20,276	19,516	14,540
DEATHS	9,950	9,569	9,161
DEATHS UNDER 1 YEAR OF AGE	463	506	358
NEONATAL DEATHS	365	393	294
MATERNAL DEATHS	3	5	3

Provisional figures for 1956 are by place of occurrence as are the final figures in the first column for 1955; i.e., they include births and deaths of non-residents who happened to be born or die in San Francisco, and do not include residents who died outside of San Francisco, or babies born outside San Francisco to local residents. (For example, of the 19,516 babies born in San Francisco in 1955, 5578 were to non-resident parents; 602 babies were born to San Francisco parents beyond the county boundaries; thus the number of resident births in San Francisco in 1955 was 14,540. This is true also of the figures listed after the various categories of death).

Ranking Causes of Death By Occurrence in San Francisco

	1956 (PROVISIONAL)	1955 (FINAL)		1956 (PROVISIONAL)	1955 (FINAL)
1. HEART DISEASE	3611	3591	8. PNEUMONIA & INFLUENZA	184	187
2. CANCER	2014	1987	9. ARTERIOSCLEROSIS	155	159
3. VASCULAR LESION C.N.S.	883	727	10. CONGENITAL MALFORMATIONS	140	155
4. ACCIDENTS	445	416	11. DIABETES	99	137
5. CIRRHOSIS OF LIVER	336	304	12. ULCERS OF STOMACH & DUODENUM	99	109
6. DISEASES OF EARLY INFANCY	285	310	13. TUBERCULOSIS	80	100
7. SUICIDES	226	199			

These are deaths by place of occurrence in both columns and subject to correction for residence. The rank order remains essentially unchanged from 1955 to 1956 for the causes in this table. When figures for residents are available there will probably be some shift in rank for the last seven causes. Tuberculosis, once a major killer, will likely be in 12th place. Congenital Malformations will probably not appear in the first 10 since many of these deaths are of non-residents.

STATISTICAL REPORT FOR THE 4th WEEK ENDING JANUARY 25, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1956 TO DATE	1955 TO DATE
CHICKENPOX	50	48	209	127	POLIOMYELITIS	0	2	1	5
DIPHTHERIA	1	0	1	0	RHEUMATIC FEVER	2	0	2	0
EPIDEMIC MENINGITIS	0	0	0	1	SALMONELLOSIS	1	2	7	17
GONORRHEA	43	42	151	142	SCARLET FEVER	9	8	20	13
INFECTIOUS HEPATITIS	0	0	2	5	SYPHILIS	7	9	32	16
INFLUENZA	0	-	0	1	TUBERCULOSIS	9	12	46	41
MEASLES	13	23	35	159	TYPHOID FEVER	0	0	0	1
MUMPS	10	32	77	221	WHOOPING COUGH	0	3	1	4
PNEUMONIA, ALL FORMS	0		0	0					

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DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1957	1956
PNEUMONIA	6	DEATHS RECORDED FOR THE WEEK	219	191
TUBERCULOSIS	3	BIRTHS RECORDED FOR THE WEEK	336	310

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* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR FEBRUARY 4, 1957

PREVENTION - THE KEY TO DENTAL HEALTH

During the week beginning February 3, the dental profession is joining with parents and community health leaders in the ninth annual observance of Children's Dental Health Week. The purpose of this national program is to focus public attention on the need for improving the dental health of children. The American Dental Association points out that less than 5% of the population is free of dental disease, - in fact it is estimated that there are about twice as many dental cavities as there are American people. Although the annual dental bill is $1.5 billion, teeth are decaying at a faster rate than dentists can be produced to treat them. With the dental profession so heavily overloaded, the only possible solution to this most prevalent disease is prevention of decay before it starts --- through dental health education and preventive practices.

Of the mistaken ideas which are responsible for a good deal of our dental problem, one has to do with toothbrushing. Many people believe they are practicing good dental habits when they brush their teeth the first thing in the morning and before going to bed at night. Actually, the teeth should be brushed immediately after eating to get the best protection against dental decay. Bacteria in the mouth begin acting on sugar in food soon after it is eaten. If a person can't use a toothbrush after eating lunch or a snack, the next best thing is to rinse the mouth out with water. Another false idea is that a child's primary or baby teeth are unimportant. Actually, the primary teeth are essential to a child's facial development, speech and nutrition and to maintain space in the jaw for his permanent teeth.

The health habits the individual child can learn to follow to promote his own dental health are: (1) eating a well-balanced diet, low in sugar, (2) toothbrushing right after eating and (3) regular visits to his dentist. In addition, the community can take a step which offers the best long-range hope of materially reducing dental caries, - that of fluoridating the water supply. As the nationally known pediatrician, Dr. Benjamin Spock, says: "Fluoridation is the safest, most effective and cheapest way to protect our children's teeth". San Francisco's children are fortunate in that fluoridation was adopted by their parents 4½ years ago, and as time goes on our younger population will increasingly reap the benefits of this preventive measure.

STATISTICAL REPORT FOR THE 5th WEEK ENDING FEBRUARY 1, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	50	47	259	143
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	1	1	1
GONORRHEA	41	31	192	173
INFECTIOUS HEPATITIS	0	1	2	6
INFLUENZA	1	-	1	2
MEASLES	7	11	42	193
MUMPS	17	29	94	250
PNEUMONIA, ALL FORMS	0	-	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	1	1	2	6
RHEUMATIC FEVER	1	0	3	0
SALMONELLOSIS	0	1	7	26
SCARLET FEVER	7	6	27	17
SYPHILIS	14	10	46	19
TUBERCULOSIS	9	15	55	56
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	3	0	4	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
SYPHILIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	182	178
BIRTHS RECORDED FOR THE WEEK	472	520

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR FEBRUARY 11, 1957

THE BACTERIOLOGY LABORATORY

The public health laboratories operated by the San Francisco Health Department perform some of the most basic functions in public health. There are two main divisions of the Department's laboratories. The chemical laboratory, located at San Francisco Hospital, conducts chemical and toxicologic tests on air, water, milk, food and drugs. The bacteriology laboratory, located at 101 Grove Street, performs bacteriologic and serologic tests which are essential to the diagnosis and control of communicable diseases.

One of the main functions of the bacteriology laboratory is the routine examination of foods, food products and other commodities in general use in order to prevent, by early detection, possible widespread contamination and disease. Under this heading fall all the bacteriologic tests of milk, water, shellfish, sewage, etc. Milk examination includes whole milk, skim milk, chocolate milk, cream, ice cream and various other milk products. Although all milk being marketed in San Francisco must be pasteurized, regular laboratory checks are necessary to insure that all state and local regulations are properly observed. Bacteriologic examinations of city waters are performed at regular intervals, including both public and bottled drinking waters, swimming pools and wells. Shellfish must be examined routinely to determine whether or not they have been harvested from contaminated beds. In addition, the effluent from sewage disposal plants, which is used as fertilizer, must be checked regularly to see that it is free of harmful bacteria.

Another major function is the performance of bacteriologic and serologic tests used in the diagnosis of certain communicable diseases including the enteric diseases, tuberculosis, diphtheria and the venereal diseases. Once any of these diseases are diagnosed, the patient can not only be treated but control measures can be taken to protect the rest of the public from their spread --- for instance, all contacts to enteric disease are examined to determine the presence of carriers. Foods suspected as the source of food poisoning are examined to determine the presence of toxic organisms. Also, the brains of animals are examined for rabies. The well-trained staff, which consists of a director, 6 bacteriologists, 3 laboratory assistants, 4 porters and 2 clerk-typists, provides services which are essential to the control of disease and the promotion of health.

STATISTICAL REPORT FOR THE 6th WEEK ENDING FEBRUARY 8, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	72	49	331	167	POLIOMYELITIS	0	1	2	8
DIPHTHERIA	0	0	1	0	RHEUMATIC FEVER	2	0	5	0
EPIDEMIC MININGITIS	0	0	1	2	SALMONELLOSIS	2	2	9	32
GONORRHEA	29	28	221	201	SCARLET FEVER	3	7	30	20
INFECTIOUS HEPATITIS	1	0	3	6	SYPHILIS	12	10	58	24
INFLUENZA	0	2	1	2	TUBERCULOSIS	21	18	75	66
MEASLES	10	33	52	247	TYPHOID FEVER	0	0	0	1
MUMPS	20	54	114	304	WHOOPING COUGH	2	0	6	4
PNEUMONIA, ALL FORMS	0	-	0	4					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
INFLUENZA	1
PNEUMONIA	1
SYPHILIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	196	223
BIRTHS RECORDED FOR THE WEEK	394	308

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR FEBRUARY 18, 1957

THE TUBERCULIN SKIN-TESTING PROGRAM

In recent years there has been a substantial decrease in the number of deaths from tuberculosis in San Francisco and a small decrease in the number of cases. As useful as the minifilm x-ray has been in finding cases of tuberculosis, there has been a gradual decrease in its productivity except in special categories of people. Following a study of our situation, we determined that a tuberculin skin-testing program in the schools would provide us with more accurate information regarding the degree and rate of infection and by proper follow-up, the detection of active cases within the school and of source cases. As the positive tuberculin test indicates merely that the body of that person has been invaded by the tubercle bacillus, the presence of any clinical disease must be determined by further examination, including a chest x-ray, preferably by the family doctor.

The program, which began last September, skin-tests all children during their first semester in school and all children in the low seventh, low tenth and low twelfth grades. Children newly admitted to school from other localities are tested as are all athletes prior to their participation in competitive sports. Any child may get his skin test either from his family physician or from the health department. Of the 14,648 tuberculin tests given during the fall semester, 1,044 positive reactors were found — a rate of 7.1%. Seventeen school cases of active tuberculosis were found of which 7 were in high school, 2 in junior high and 8 in elementary school. In the follow-up of the home contact of the students with a positive reaction, 4 previously unknown active cases of tuberculosis were found. The 17 school cases give us a case-finding rate of 1.2 cases per thousand skin tests and the combination of these among students and their home contacts give us a case rate of 1.4.

Following the finding of a positive tuberculin test, the child is referred for x-ray. If the chest film reveals a suspicious lesion he is seen in our School Diagnostic Clinic and is referred with the film to his private physician or to the Chest Clinic at San Francisco Hospital. The public health nurse investigates the home contacts to check the source of infection. We feel this case-finding program among school children is a great advance in our tuberculosis control program and with the continued cooperative assistance of the medical profesion and other community resources, will do much to further control this basic public health problem.

STATISTICAL REPORT FOR THE 7th WEEK ENDING FEBRUARY 15, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	55	61	386	177
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	1	1	3
GONORRHEA	37	34	258	235
INFECTIOUS HEPATITIS	2	0	5	6
INFLUENZA	-	-	1	3
MEASLES	17	33	69	285
MUMPS	18	46	132	350
PNEUMONIA, ALL FORMS	-	-	0	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	1	1	3	9
RHEUMATIC FEVER	1	0	6	0
SALMONELLOSIS	1	1	10	39
SCARLET FEVER	5	10	35	22
SYPHILIS	11	11	69	30
TUBERCULOSIS	14	12	88	76
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	0	1	6	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
HEPATITIS	1
PNEUMONIA	5

	1957	1956
DEATHS RECORDED FOR THE WEEK	188	193
BIRTHS RECORDED FOR THE WEEK	371	261

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

FEBRUARY 25, 1957

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TYPES OF HOME ACCIDENTS BY AGE
San Francisco Home Accident Survey
JUNE, 1954 - MAY, 1955

ACCIDENT TYPE	TOTAL ALL AGES	0-4	5-14	15-24	25-44	45-64	65 & OVER	NOT STATED
TOTAL, ALL ACCIDENTS	1,620	613	347	108	291	172	78	11
FALLS (AS ON FLOOR OR FROM FURNITURE)	476	218	109	14	50	50	33	2
STRUCK BY (AS HOT LIQUID OR KNIFE)	337	72	81	36	95	40	11	2
STRIKING AGAINST (AS FURNITURE OR POWER SAW)	200	39	41	21	54	31	12	2
INGESTING (AS MEDICINE OR INSECTICIDE)	150	127	12	3	1	2	1	4
CAUGHT IN (AS DOOR OR WRINGER)	147	69	30	3	17	20	8	-
EXPLOSION OF (AS UTILITY GAS OR FIREWORKS)	67	4	11	9	23	13	7	-
BITTEN BY (AS DOG OR OTHER ANIMAL)	60	20	25	2	6	4	3	-
STEPPING ON (AS NAIL OR BROKEN GLASS)	35	7	16	3	9	-	-	-
PICKING UP OR GRASPING (AS RAZOR BLADE)	31	10	5	4	7	2	2	1
FIRE	23	5	5	2	7	3	1	-
FOREIGN SUBSTANCE IN EYE	22	2	4	3	8	5	-	-
OTHER	72	40	8	8	14	2	-	-

As statistical information has become available, periodically we have reported on some of the results of the special survey of home accidents in San Francisco conducted in 1954-5. The above table points out strikingly the hazards of home accidents to the youngest age groups. More than one-third of the accidents occurred in children under five years of age and more than one-half of them occurred to children under 15. These figures emphasize the importance of early and constant supervision by parents until safety education can gradually replace supervision.

STATISTICAL REPORT FOR THE 8th WEEK ENDING FEBRUARY 21, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	45	52	431	205
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	1	0	2	3
GONORRHEA	26	40	284	247
INFECTIOUS HEPATITIS	0	0	5	6
INFLUENZA	-	-	1	3
MEASLES	34	28	103	337
MUMPS	28	35	160	393
PNEUMONIA, ALL FORMS	-	-	-	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	1	0	4	9
RHEUMATIC FEVER	0	0	6	0
SALMONELLOSIS	1	2	11	44
SCARLET FEVER	3	8	38	24
SYPHILIS	4	15	73	37
TUBERCULOSIS	17	12	104	87
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	1	1	7	4

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MENINGOCOCCEMIA	1
PNEUMONIA	6
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	193	204
BIRTHS RECORDED FOR THE WEEK	253	336

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 4, 1957

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DEATHS FROM IMPORTANT CAUSES, SAN FRANCISCO, CALIFORNIA & UNITED STATES - 1955

	RANK & DEATH RATE PER 100,000 POPULATION					
	SAN FRANCISCO		CALIFORNIA		UNITED STATES	
CAUSE OF DEATH	RANK	RATE	RANK	RATE	RANK	RATE
ALL CAUSES	-	1152.5	-	877.8	-	929.5
HEART DISEASE	(1)	457.3	(1)	335.0	(1)	352.0
MALIGNANT NEOPLASMS	(2)	200.9	(2)	142.5	(2)	147.6
VASCULAR LESIONS OF C.N.S.	(3)	100.9	(3)	97.8	(3)	106.6
ACCIDENTS	(4)	58.4	(4)	55.7	(4)	55.6
CIRRHOSIS OF LIVER	(5)	36.2	(8)	16.7	(9)	10.8
DISEASES OF EARLY INFANCY	(6)	30.1	(5)	36.0	(5)	39.8
PNEUMONIA AND INFLUENZA	(7)	28.8	(6)	24.4	(6)	27.5
ARTERIOSCLEROSIS	(8)	26.5	(7)	22.4	(7)	19.4
SUICIDES	(9)	24.4	(9)	15.2	(10)	9.9
DIABETES	(10)	16.1	(10)	10.3	(8)	15.2
TUBERCULOSIS	(11)	14.6	(11)	8.2	(11)	9.5
ALL OTHER CAUSES		158.3		113.6		135.6

As is apparent from the above table, San Francisco's death rates compare favorably with those for the state and nation except for three groupings:- (1) cancer and diseases of the heart and circulation -- these rates reflect the relatively high proportion of our population in the older age groups (2) cirrhosis of the liver (which is closely related to alcoholism) and suicide -- the high rates for these diseases would seem to indicate an emotionally ill community (3) tuberculosis -- while the rate has been reduced, our comparative standing calls for continued emphasis on control of this disease. Our death rate for diseases of early infancy compares very favorably with the rest of the country.

STATISTICAL REPORT FOR THE 9th WEEK ENDING MARCH 1, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	61	93	492	245	POLIOMYELITIS	1	0	5	10
DIPHTHERIA	0	0	1	0	RHEUMATIC FEVER	0	1	6	1
EPIDEMIC MENINGITIS	0	0	2	3	SALMONELLOSIS	2	1	13	48
GONORRHEA	34	31	317	275	SCARLET FEVER	2	11	40	26
INFECTIOUS HEPATITIS	1	0	6	8	SYPHILIS	13	6	86	41
INFLUENZA	1	-	2	3	TUBERCULOSIS	8	18	112	106
MEASLES	12	25	115	413	TYPHOID FEVER	0	0	0	1
MUMPS	23	51	183	479	WHOOPING COUGH	1	2	8	5
PNEUMONIA, ALL FORMS	-	-	-	5					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:			1957	1956
POLIOMYELITIS	1	DEATHS RECORDED FOR THE WEEK	215	239
PNEUMONIA	7			
TUBERCULOSIS	2	BIRTHS RECORDED FOR THE WEEK	429	426

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 11, 1957

THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

The San Francisco Department of Public Health, which is one of the city departments under the supervision of the Chief Administrative Officer, provides the basic preventive public health services common to all health departments. However, it differs from most other departments in that it is also responsible for the administration of medical care services for the medically indigent, the tuberculous, certain patients with mental illness and for the custodial care of the aged and infirm. In addition, the Department administers the Emergency Hospital Service and the Adult Guidance Center, an out-patient clinic for chronic alcoholics. The following summary of these services will give an over-all picture of the scope of activities of this Department.

The central offices, located at 101 Grove Street in the Civic Center, are the headquarters for administrative activities and most of the general public health services. The administrative functions include personnel and fiscal services and the supervision of all of the department's bureaus and institutions. The Personnel Office is responsible for recruitment and personnel matters of policy, regulations, discipline and records affecting all department employees. The Accounting Office is responsible for the records and procedure in connection with the budget and the expenditure of money. Other general service divisions provide statistical, health education and laboratory services.

The Bureau of Records and Statistics has the responsibility for the registration and the issuance of certificates of all births and deaths. It compiles, analyzes, and interprets statistical information on births, deaths and disease. The Division of Public Health Education provides consultation and direct services in educational methods and materials to both staff and community groups. In addition, it distributes pamphlets and posters and health films. Laboratory services are provided under two main divisions. The Bacteriology Laboratory performs bacteriologic and serologic tests which are essential to the diagnosis and control of communicable diseases. The Chemical Laboratory, located at San Francisco Hospital, conducts chemical and toxicologic tests on air, water, food, drugs, etc.

This account of the activities of the divisions of general services of the Department, leads up to the work of the program divisions which provide preventive services in the fields of communicable disease, maternal and child health and sanitation. These and public health nursing services will be discussed in the next issue in this Bulletin.

STATISTICAL REPORT FOR THE 10th WEEK ENDING MARCH 8, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	81	90	573	282	POLIOMYELITIS	1	0	6	15
DIPHTHERIA	0	0	1	0	RHEUMATIC FEVER	0	0	6	1
EPIDEMIC MENINGITIS	0	0	2	3	SALMONELLOSIS	3	1	16	50
GONORRHEA	20	32	337	307	SCARLET FEVER	3	7	43	27
INFECTIOUS HEPATITIS	1	1	7	8	SYPHILIS	8	8	94	48
INFLUENZA	2	-	4	3	TUBERCULOSIS	6	17	118	117
MEASLES	39	48	154	512	TYPHOID FEVER	0	0	0	1
MUMPS	33	62	216	541	WHOOPING COUGH	0	2	8	7
PNEUMONIA, ALL FORMS	-	-	-	6					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
SYPHILIS	1
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	194	232
BIRTHS RECORDED FOR THE WEEK	412	392

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 18, 1957

THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (Part II)

Continuing last week's condensed description of the functions of this Department, the following bureaus provide the remaining general preventive medical and public health services. A disease control program is the responsibility of the Bureau of Communicable Diseases which investigates sources of infection and establishes necessary control measures of infectious persons. The Bureau consists of 3 divisions - one of which, the Division of Epidemiology, is responsible for investigating and controlling all the communicable diseases except tuberculosis and venereal disease. These major health problems are the concern of the Divisions of Tuberculosis and Venereal Disease which concentrate on case finding including follow up of contacts, diagnosis and treatment.

The Bureau of Maternal and Child Health is concerned with educational and protective services for mothers and children which are provided with the assistance of public health nurses and include health services to both public and parochial schools, health supervision of preschool children and classes for expectant parents. The Bureau consists of the following divisions and services:- The Dental Division provides services for the correction of children's dental defects; the Mental Hygiene Division offers child guidance services for children with emotional problems; Crippled Children Services provide for the care of physically handicapped children; children's diagnostic clinics provide eye, ear and cardiac diagnostic services.

Public health nursing services are provided through 10 generalized district centers located throughout the city where assistance is given to families and schools in preventing or solving any health problems which occur. Through home visits, serving as school nurses, assisting physicians in clinics and conferences and by formal and informal teaching, the Bureau of Public Health Nursing provides basic services by which the Department carries on its many different programs.

In the field of sanitation, 3 bureaus have the responsibility for the general control of the environment. The Bureau of Food and Housing conducts inspections of foods, food processing plants and restaurants, the sanitary conditions of housing facilities and general sanitation. The Bureau of Milk Inspection has supervision of the safety of milk and milk products from the dairy farm to the consumer. The function of the Bureau of Plumbing Inspection is to inspect all construction to determine the legality and safety of the connections of plumbing fixtures and gas appliances.

NOTE: THIS SUMMARY OF OUR ACTIVITIES WILL CONCLUDE NEXT WEEK WITH A DISCUSSION OF MEDICAL CARE SERVICES.

STATISTICAL REPORT FOR THE 11th WEEK ENDING MARCH 15, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	111	81	684	308
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	2	1	4	3
GONORRHEA	24	41	361	328
INFECTIOUS HEPATITIS	1	0	8	8
INFLUENZA	-	-	4	3
MEASLES	24	40	178	620
MUMPS	32	53	248	594
PNEUMONIA, ALL FORMS	-	-	0	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	1	1	7	16
RHEUMATIC FEVER	0	0	6	1
SALMONELLOSIS	1	2	17	58
SCARLET FEVER	4	8	47	32
SYPHILIS	14	10	108	59
TUBERCULOSIS	12	9	127	126
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	1	2	9	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	7
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	207	196
BIRTHS RECORDED FOR THE WEEK	399	379

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* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 25, 1957

THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (Part III)

This three-part resumé of the organization and functions of the Department concludes with a description of our medical care facilities which require the services of over 80% of the Department's 2720 employees and nearly 80% of our total budget. One service directed at the pressing problem of alcoholism is provided by the Adult Guidance Center at 150 Otis Street. This out-patient clinic offers medical treatment, individual and group psychotherapy and social work services to problem drinkers and members of their immediate families. Another unique service is that afforded by the Emergency Hospitals which provide 24-hour emergency medical and surgical care and ambulance service through 5 full-time and 1 part-time emergency hospitals located throughout the city.

One of the 3 institutions operated by the Department is the San Francisco Hospital located on Potrero Avenue near 22nd Street. This is a 1200 bed general hospital for the care of the medically indigent. In addition to the medical, surgical, pediatric and maternity care provided, there are approximately 400 beds for the care of the tuberculous and wards for the care of patients with communicable diseases and for the short-time care of the mentally ill. Additional care for the indigent sick is provided by City Physicians who examine and treat patients at home and may transfer them to San Francisco Hospital if their condition warrants it. Hassler Health Home is a tuberculosis sanitarium, located near Redwood City, with 262 beds for patients who are transferred there from San Francisco Hospital as they recover from the acute stages of the disease. Thus, the 2 institutions together have a total of about 662 beds for the tuberculous. As they are able, patients assist in providing some of their own needed services.

Laguna Honda Home, at Laguna Honda Boulevard and Woodside Avenue, was established originally to provide custodial care for the indigent aged. Today, it is a hospital as well as a home with approximately one-half of the 1800 beds reserved for chronically ill patients. The ambulatory inmates who are not too infirm assist in the daily work of the home and maintain their own store and shoe, tailor and barber shops. In general, our preventive and Emergency Hospital services are free to the public. The medical care services are provided to the medically indigent without cost, but patients who are able to do so must pay in whole or in part.

STATISTICAL REPORT FOR THE 12th WEEK ENDING MARCH 22, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	98	118	782	331
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	4	3
GONORRHEA	27	33	388	355
INFECTIOUS HEPATITIS	1	1	9	9
INFLUENZA	-	-	4	4
MEASLES	20	66	198	727
MUMPS	27	53	275	647
PNEUMONIA, ALL FORMS	1	-	1	14

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	0	1	7	17
RHEUMATIC FEVER	0	2	6	3
SALMONELLOSIS	1	2	18	60
SCARLET FEVER	6	8	53	37
SYPHILIS	15	9	123	62
TUBERCULOSIS	7	12	134	135
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	1	2	10	11

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 5

	1957	1956
DEATHS RECORDED FOR THE WEEK	206	217
BIRTHS RECORDED FOR THE WEEK	383	384

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

APRIL 1, 1957

DON'T HESITATE - VACCINATE!

Local Health Department authorities and private physicians are watching with interest San Francisco's progress in its efforts to conquer paralytic polio by reducing it to a minimum before the summer start of the disease season. In California, one-third of all polio occurs and is most severe in its effects among the young adult group age 20 and over, most of it in those under 30. If some 375,000 San Franciscans under the age of 40 who have yet to be vaccinated receive their inoculations before the 1957 polio season begins, the goal will be reached. The estimated San Francisco population from 0 to 40 years of age is 513,500; of these between 125,000 and 150,000 mostly under the age of 20 have received two or three inoculations of the vaccine, approximately 60%, by their family physicians. The vaccine to be allocated to the Health Department will provide two "shots" to 125,000 or about one-third of the estimated unvaccinated persons under 40. It is necessary therefore that at least two-thirds of those to be vaccinated go to their family doctor, who will have vaccine available through commercial channels within three weeks. Priority should be given to those under twenty-five years of age, parents under forty whose children have been vaccinated and those who will be traveling in areas this summer where polio is more prevalent than it is in San Francisco. But expectant mothers, parents with young children and all others under 40 should make their plans now with their private physicians for the inoculations.

The highest public health authorities of the nation consider Salk vaccine completely safe and highly effective. Information compiled thus far shows that the crippling effects of polio have been reduced by as much as 80% among those who have had two or more inoculations. Medical studies have shown that some immunity begins as soon as 10 days after the first injection. Two injections give a high degree of immunity. If there are three unvaccinated persons destined to get paralytic polio next summer, vaccination now will prevent two from being paralyzed.

For those who cannot make use of the services of a private physician, the Health Department through its central office at 101 Grove Street, and certain health centers scattered throughout the city will continue to provide vaccinations. It will require the active interest of the entire community if we are to insure the remaining susceptible portion of our population against the threat of paralytic polio in 1957.
DON'T HESITATE - VACCINATE!

STATISTICAL REPORT FOR THE 13th WEEK ENDING MARCH 29, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	98	95	880	361
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	1	4	3
GONORRHEA	41	28	429	383
INFECTIOUS HEPATITIS	0	1	9	10
INFLUENZA	0	-	4	4
MEASLES	20	76	218	833
MUMPS	39	56	314	720
PNEUMONIA, ALL FORMS	0	-	1	16

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	1	0	8	20
RHEUMATIC FEVER	0	1	6	4
SALMONELLOSIS	0	4	18	68
SCARLET FEVER	5	6	58	42
SYPHILIS	11	14	134	76
TUBERCULOSIS	6	19	140	157
TYPHOID FEVER	0	0	0	1
WHOOPING COUGH	0	3	10	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	204	207
BIRTHS RECORDED	405	414

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 8, 1957

ARE THE VENEREAL DISEASES STILL A PROBLEM?

In the minds of many people there seems to have evolved in the past few years the idea that the venereal diseases are no longer an important medical or public health problem. A brief glance at the table below will indicate that in San Francisco the number of reported cases of gonorrhea and syphilis is exceeding the number reported last year at this time -- and 1956 produced a greater number of reported cases than 1955. Then how did this idea of the venereal diseases not being a problem any longer come about?

In the late war years and the immediate post-war period there was a wide public awareness of the venereal disease problem and a relatively simple means of treatment was developed, with the result that money was made available for extensive case finding programs. As a consequence, many new cases of syphilis were found, which would not have been discovered otherwise. However, with such an intensive drive, the reservoir of old cases was depleted, so that after a few years fewer and fewer cases were found and reported. Mistaking this decrease in reported cases as an indication of a final victory over syphilis, appropriations were cut for the control program. As a result of this diminution of effort in venereal disease control, we should not have been surprised to see the number of reported cases on the increase. This is the situation in San Francisco, and is fast becoming the picture in the great majority of health jurisdictions in the country.

Recently we have all read in the newspapers and magazines reports of the increase of the venereal disease rate in the teen-ager. The magnitude of this increase varies widely between various reporting health jurisdictions, which makes it difficult to properly analyze the resulting statistical data. However, to concern ourselves with the significance of an increase, or even decrease, of a few percentage points in reported incidence does not alter the seriousness of these diseases as they affect the health of a significant proportion of our adolescents. The basic problem remains -- the venereal diseases in the 15 to 19 year old age group are the second highest cause of morbidity (accidents are first), and they account for more illness than all of the other communicable diseases combined.

STATISTICAL REPORT FOR THE 14th WEEK ENDING APRIL 5, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	82	95	962	380	POLIOMYELITIS	1	0	9	21
DIPHTHERIA	0	0	1	0	RHEUMATIC FEVER	0	1	6	4
EPIDEMIC MENINGITIS	0	0	4	5	SALMONELLOSIS	2	1	20	71
GONORRHEA	32	31	461	414	SCARLET FEVER	12	7	70	46
INFECTIOUS HEPATITIS	1	0	10	11	SYPHILIS	9	6	143	90
INFLUENZA	-	-	4	4	TUBERCULOSIS	8	14	148	174
MEASLES	26	66	244	947	TYPHOID FEVER	0	0	0	1
MUMPS	34	52	348	767	WHOOPING COUGH	3	0	13	14
PNEUMONIA, ALL FORMS	-	-	1	19					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	8
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	1[illegible]	222
BIRTHS RECORDED FOR THE WEEK	360	401

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 15, 1957

PROGRESS IN REHABILITATING THE ALCOHOLIC

At least half of the alcoholic patients treated in 1954 at the San Francisco Health Department's Adult Guidance Center were found to be making excellent to good social and physical adjustments and had so sharply reduced their drinking that they were no longer faced with serious problems in this regard. An analysis of the follow up study by the State Department of Public Health of a representative sample of the 1256 alcoholic patients treated at the 150 Otis Street Clinic indicates that between 600 and 700 alcoholics were rehabilitated at the center in 1954.

The patients were rated according to a rigid scale of adjustment with the results that 50% were found to be making an excellent to good adjustment, 20% good to fair and 30% were regarded as only slightly improved to unimproved after treatment. Of those inthe labor force, excluding housewives and the retired and disabled, 72% were found to be currently employed at the time of follow up, 10% were between jobs (e.g. seamen who had recently completed a cruise) and the remaining 18% were unemployed. This 18% who were unemployed compares with 60% of the interviewed group who were unemployed when they first came to the clinic. Following treatment only 15% of these patients were arrested as compared with 48% before treatment and 12% were hospitalized for drinking after treatment whereas 46% had been hospitalized before.

We do not regard even the least improved groups as total failures since a good many of the patients who had relapses have returned to the Clinic for further treatment and it is already clear that many of these are making good adjustments. In view of our past experience, we are confident that if a patient stays with the treatment program and keeps trying, he has an excellent chance of recovery. This is indicated by the fact that those with the best results averaged 18 clinic visits while those with the poorest results averaged only 6 visits. The successful rehabilitation of chronic diseases of almost any type are characterized by some recurrence of symptoms. Hence it is important that the patient be encouraged to stay with his treatment until fully rehabilitated.

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STATISTICAL REPORT FOR THE 15th WEEK ENDING APRIL 12, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	130	104	1092	431
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	41	18	502	431
INFECTIOUS HEPATITIS	1	1	11	15
INFLUENZA	-	-	4	4
MEASLES	16	67	260	1050
MUMPS	34	51	382	820
PNEUMONIA, ALL FORMS	-	-	1	20

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	0	0	9	22
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	0	1	20	72
SCARLET FEVER	4	7	74	48
SYPHILIS	11	13	154	98
TUBERCULOSIS	8	12	155	194
TYPHOID FEVER	0	0	6	2
WHOOPING COUGH	3	2	16	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

			1957	1956
PNEUMONIA	3	DEATHS RECORDED FOR THE WEEK	184	205
		BIRTHS RECORDED FOR THE WEEK	335	404

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 22, 1957

PUBLIC HEALTH STATISTICS

Public health statistics, more commonly known as "Vital Statistics", are the bookkeeping of the life and death of a community and constitute one of the seven basic functions of public health. Study of natality, morbidity and mortality records helps bring into focus public health problems of the community and thus provides an indispensable administrative tool for the proper planning, performance and evaluation of many public health programs. Such statistics to a large extent provide the foundation upon which all other parts of the public health program are dependent for their success.

An individual's illness, unless he is suffering from a reportable, or a contagious disease which might menace others, does not become a matter of public records. But the births and deaths of its citizens are matters of prime importance to the community and to the State and hence these official records are filed and safeguarded by the State Registrar of Vital Statistics, whose representative is the local Health Officer. Today physicians attend practically all the births and deaths that occur in San Francisco and the responsibility for legal registration of births and deaths rests with the attending physician who alone is responsible for preparing and filing a complete certificate for every live birth he attends. He alone is responsible by law for filling out the medical part of the death certificate which includes the statement as to the cause of death. The funeral director is responsible for that part of the death certificate which requires personal identifying information and he files the completed certificate of death with the local registrar.

The proper use of these statistics whether they refer to the births, deaths or reportable illnesses makes possible an accurate report on the course of events in the life and death within a community. Utilizing these statistics permits the establishing of a trend for any given disease or condition. Through comparison of the statistics gathered from year to year we can then estimate the effectiveness of our current community health programs and progress can be charted.

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STATISTICAL REPORT FOR THE 16th WEEK ENDING APRIL 19, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	70	78	1162	449
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	28	40	530	448
INFECTIOUS HEPATITIS	2	0	13	15
INFLUENZA	0	-	4	5
MEASLES	29	85	289	1199
MUMPS	34	46	416	882
PNEUMONIA, ALL FORMS	0	-	1	21

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	1	1	10	23
RHEUMATIC FEVER	0	1	6	4
SALMONELLOSIS	2	1	22	76
SCARLET FEVER	10	4	84	49
SYPHILIS	14	10	168	108
TUBERCULOSIS	13	16	168	209
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	0	1	16	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	163	198
BIRTHS RECORDED FOR THE WEEK	398	392

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 29, 1957

MENTAL ILLNESS

This year the ninth annual observance of Mental Health Week, April 28 - May 4, will signal an intensive campaign to arouse public interest in and support for what should be the next major objective of preventive medicine, viz., mental health. We still have much to learn about mental illness, but the proper understanding and acceptance of the following three fundamental facts would contribute much toward enabling each of us to play our part in combatting this number one public health problem.

1. The foundation of mental health throughout life must be laid in childhood. Mental health is not solely the business of a psychologist giving a test to a juvenile delinquent or a psychiatrist trying to cure a patient in a mental hospital. These are only the last ditch battles for mental health. The real campaign begins with the security of a baby in its crib, his chance to grow in independence and friendliness, first at home, later at school and on a job. The love or rejection and security or insecurity which the child finds in his background, become the ingredients out of which the child himself molds his own emotional maturity. As our children go, in large measure, so goes the nation. It is the job of each of us to help both to go well.

2. Mental illness is not one disease. Like physical sickness it covers a wide range of different disorders. Many are minor and interfere only slightly with a person's capacity to function on his job and in his family life. Others are severe, preventing him from getting along like a normal person. Discovered in time, mental illness in its variant forms can usually be handled successfully, but early detection is important. It is for this reason that many public and private hospitals have developed mental health outpatient clinics so that early diagnosis and guidance can be provided for those not requiring inpatient care.

3. Mental illness is curable. Few misconceptions are more widespread than the myth that the mentally ill can't get well. The fact is that there is no area of illness which has potentially a higher rate of recovery. It is now conclusively proved that mentally ill patients need not deteriorate in institutions. If enough money is provided to train personnel and to support research, many patients now confined in institutions could lead useful lives in the outside world and many others would not need to go to hospitals at all. If enough of us want this, it can happen.

STATISTICAL REPORT FOR THE 17th WEEK ENDING APRIL 26, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	86	59	1248	468
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	1	0	5	5
GONORRHEA	51	26	581	468
INFECTIOUS HEPATITIS	0	1	13	17
INFLUENZA	0	-	4	5
MEASLES	37	144	326	1414
MUMPS	25	77	441	976
PNEUMONIA, ALL FORMS	0	-	1	23

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	0	0	10	25
RHEUMATIC FEVER	0	1	6	4
SALMONELLOSIS	1	2	23	17
SCARLET FEVER	5	7	89	54
SYPHILIS	13	6	181	110
TUBERCULOSIS	11	17	179	225
TYPHOID FEVER	0	0	0	3
WHOOPING COUGH	0	2	16	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
ENCEPHALITIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	200	207
BIRTHS RECORDED FOR THE WEEK	424	304

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 6, 1957

CHILD HEALTH DAY

A look at practically any community reveals that next to colds, tooth decay is the most common ailment of children. It is estimated that half of all two year old children have one or more decayed teeth. As these children grow older, their teeth tend to decay more rapidly so that by the age of six, the average American child has seven decayed, missing or filled teeth. In this country, children between six and eighteen years of age need more than 250 million fillings. The neglected primary teeth in the younger age groups may have a serious effect on a child's dental health because decay can lead to improper chewing and infection. These primary teeth also maintain space in the jaws for the permanent teeth and if lost too early, the mouth may not develop normally, with the result that the permanent teeth will not be spaced regularly. To fill all the cavities alone that now exist among children would require that dentists of this country work 24 hours a day for nearly a year, and by the time they had finished, new ones would have developed.

Aware of the widespread and serious nature of dental caries as a public health problem and having at hand a well tested and highly recommended means of combatting it, San Francisco in 1952 took its first steps toward bringing its dental caries problem under control by means of fluoridation of our public water supply. In fluoridation we have the method of choice because it is the most logical, feasible, and the least expensive of the methods proposed. Since that time a review of our death certificates and of reports of illness have given us no indication that the program is deleterious to health. With nearly five years experience now behind us, we are even more certain of its safety and desirability as a part of the preventive services available to the people of San Francisco. In another four years we will begin to have the evidence of this fluoridation program in the reduction of dental caries in our younger children which effects will be carried by them throughout their lives. The reduction of dental caries, missing teeth, malocclusions and deformities of the oral cavity will further substantiate the propriety of this procedure.

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MUSSEL QUARANTINE

NOTE: California's annual summer quarantine on mussels goes into effect along the entire coast of the State including San Francisco Bay from May 1 to October 31.

STATISTICAL REPORT FOR THE 18th WEEK ENDING MAY 3, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN	1957 TO DATE	1956 TO DATE
HICKENPOX	91	88	1339	497	POLIOMYELITIS	0	1	10	26
IPTHERIA	0	0	1	0	RHEUMATIC FEVER	0	0	6	4
PIDEMIC MENINGITIS	0	0	5	5	SALMONELLOSIS	2	1	26	78
ONORRHEA	47	32	628	494	SCARLET FEVER	6	10	98	58
NFECTIOUS HEPATITIS	0	0	13	17	SYPHILIS	10	7	191	117
NFLUENZA	0	-	4	6	TUBERCULOSIS	8	13	186	239
EASLES	25	140	351	1562	TYPHOID FEVER	0	0	0	2
UMPS	29	45	470	1068	WHOOPING COUGH	1	3	17	19
NEUMONIA, ALL FORMS	-	-	1	23					

EATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
SYPHILIS	1
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	185	187
BIRTHS RECORDED FOR THE WEEK		

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 13, 1957

BIRTHS AND DEATHS IN SAN FRANCISCO

Of the 20,111 births in San Francisco in 1956, 5,966 were born to residents of other counties. Three hundred and sixty four San Franciscans were born elsewhere, bringing the total number of resident births to 14,509.

	1956 (Final)		1955 (Final	
	By Occurrence	By Residence	By Occurrence	By Residence
Births	20,111	14,509	19,516	14,540
Deaths	9,955	9,548	9,969	9,161
Deaths under 1 year	463	329	506	358
Neonatal deaths	365	261	393	294
Maternal deaths	6	5	5	3

We had a preconceived idea that possibly the number of deaths of non-residents in San Francisco might be decreasing as the result of the construction of hospital facilities in our neighboring counties, and we thought also that possibly the number of births in San Francisco to non-resident parents might be decreasing. The figures reveal that this is not true.

In 1940 and in 1945, 14.5% of the births in San Francisco were to non-resident parents. In 1950, 20.2% were non-resident, and this has gradually increased each year to a figure of 28.6% in 1955 and 29.7% for 1956.

The number of San Franciscans born outside of San Francisco remains between 3% and 4%. With respect to deaths of non-residents, in San Francisco there were 12.0% in 1940, 14.0% in 1945, and in later years the percentage has ranged from 14.3% to 16.1% in 1956. The percentage of San Franciscans dying outside of San Francisco was 6.9% in 1940, 7.9% in 1945, with a range of 11.0% to 13.0% since then. It was 12.3% in 1955 and 12.5% in 1956.

Our conclusion is, then, that the construction of hospital facilities and the increased number of physicians practicing outside of San Francisco have hardly kept up with the increase in population in those areas. We can further conclude that San Francisco is still a great medical center to which patients come for medical care, for delivery and for terminal illness. This accounts, perhaps, for the recent high occupancy of hospital beds in San Francisco.

STATISTICAL REPORT FOR THE 19th WEEK ENDING MAY 10, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	105	94	1444	521
DIPTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	5	5
GONORRHEA	30	33	658	519
INFECTIOUS HEPATITIS	2	1	15	18
INFLUENZA	-	-	4	6
MEASLES	38	201	389	1763
MUMPS	58	62	528	1130
PNEUMONIA, ALL FORMS	-	-	1	24

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	0	2	10	28
RHEUMATIC FEVER	1	0	7	4
SALMONELLOSIS	5	1	31	79
SCARLET FEVER	4	9	102	58
SYPHILIS	5	6	196	123
TUBERCULOSIS	7	13	192	250
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	0	5	17	20

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	163	169
BIRTHS RECORDED FOR THE WEEK	448	358

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — MAY 20, 1957

HOUSING AND THE AGED

Like many another metropolitan city, San Francisco has a high percentage, numerically and proportionally, of aged people many of whom are infirm and most of whom not only want to, but actually do live in their own households either alone or with others. Public health authorities are obviously involved in the home environment for this older segment of the community and together with the medical profession and social agencies must give consideration to the housing factors which are important and peculiar to the health needs of this group.

One such consideration involves integrated planning with architects, private builders and public housing authorities for provisions for social activities, cooking, eating, and the performance of activities related to personal needs and interests of the older population. Stairs with shorter risers must be constructed with wider platforms for cardiacs to rest as they ascend; wider doors to permit the use of wheelchairs; bathrooms must be arranged so that an elderly person can negotiate a wheel chair into the bathroom; sliding doors may have to be installed to decrease the space lost when a door opens on hinges, etc. These provisions would enable a greater number of our increasing number of elderly people to spend more of their later years in independent living.

We have also to consider the impact on the family of the elderly person who is forced through circumstances to live in the home of a young couple with children. The high cost of modern housing, which means small homes and apartments, makes such cooperative existence under one roof very difficult. In addition, there comes a time in the normal aging processes of such an elderly person when he becomes a little careless in personal hygiene, sometimes to the point that young teen-agers do not want to bring their friends home. The presence of such a person may contribute to serious tensions in the home even when such an elderly person is not particularly incapacitated physically.

From the medical, public health and social point of view, adequate housing which takes into consideration the special needs of the aged would contribute much toward enabling our elderly population to achieve fuller, richer lives in their later years.

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STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 17, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	100	70	1544	556	POLIOMYELITIS	0	1	10	29
DIPHTHERIA	0	0	1	0	RHEUMATIC FEVER	0	0	7	4
EPIDEMIC MENINGITIS	0	0	5	5	SALMONELLOSIS	0	2	31	81
GONORRHEA	33	32	691	536	SCARLET FEVER	8	5	110	59
INFECTIOUS HEPATITIS	0	1	15	20	SYPHILIS	10	5	206	126
INFLUENZA	1	-	5	6	TUBERCULOSIS	7	17	199	263
MEASLES	22	175	411	1981	TYPHOID FEVER	0	0	0	2
MUMPS	35	67	563	1227	WHOOPING COUGH	0	0	17	20
PNEUMONIA, ALL FORMS	0	-	1	26					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	2
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	188	178
BIRTHS RECORDED FOR THE WEEK	303	455

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — MAY 27, 1957

PUBLIC HEALTH AND HOUSING

Eight hundred thousand San Franciscans live in approximately 265,000 dwelling units covering forty-nine square miles of the city. These include 9,000 multiple units, including hotels with hundreds of rooms and apartments and flats with three or more units each. There is a public health concern in the individual home but the interest in the multiple dwelling unit is of greater significance because society has recognized and placed the responsibility for them on the health department. It insists upon certain minimum standards for housing where multiple dwelling units are concerned.

In addition to the basic requirements for construction which are applicable to all structures, public health emphasis is concerned with the general sanitation of the premises, aspects of safety such as fire protection, the prevention of overloaded wiring, availability of many means of egress, adequate lighting in hallways and on stair wells to prevent accidents, proper disposal of refuse and garbage to reduce the breeding of insects and rodents, the proper venting of gas fired heaters and appliances to prevent asphyxiation, etc.

San Francisco has a high percentage of aged structures. On the basis of the 1950 census, it is estimated that 5 percent of these structures in San Francisco are what we would call "slum" structures. Twenty percent of the structures in San Francisco should have what we would call rehabilitative treatment, i.e., it is economically feasible to rehabilitate them. Seventy-five percent of our structures require conservative treatment which means just normal good maintenance so that they do not become the slum of ten, twenty or thirty years hence.

What are some of the implications of housing that we have to consider? The first, of course, is that the renewal of housing either as rehabilitation or complete construction from the ground up can and should be done insofar as possible by private capital. At the same time, there is a need for some low-cost housing for people in the lower economic groups, who tend at present to gravitate into the most run-down types of housing. The health department, cooperating with other code enforcing departments and agencies of the city, has stepped up its program to do away with illegal occupancy and overcrowding with their attendant effects on physical and emotional well being and revitalize the housing in San Francisco to meet our present and future requirements for safe and healthful living.

STATISTICAL REPORT FOR THE 21st WEEK ENDING MAY 24, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	95	83	1639	581	POLIOMYELITIS	0	0	10	30
DIPHTHERIA	0	0	1	0	RHEUMATIC FEVER	0	0	7	4
EPIDEMIC MENINGITIS	0	0	5	5	SALMONELLOSIS	0	2	31	87
GONORRHEA	41	27	732	563	SCARLET FEVER	4	6	44	62
INFECTIOUS HEPATITIS	0	1	15	21	SYPHILIS	4	[illegible]	210	145
INFLUENZA	0	-	5	6	TUBERCULOSIS	4	1	212	278
MEASLES	40	155	451	2120	TYPHOID FEVER	0	0	0	2
MUMPS	54	51	617	1317	WHOOPING COUGH	1	3	18	21
PNEUMONIA, ALL FORMS	0	-	1	28					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

			1957	1956
PNEUMONIA	2	DEATHS RECORDED FOR THE WEEK	209	172
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	498	351

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JUNE 3, 1957

POISON OAK

With the coming of the summer season, many San Franciscans will be leaving the city on short trips or vacations. However, visits to resort areas and hikes in the "country" bring attendant dangers to the unwary. One of the most persistent pests afflicting man is "poison oak". (Botanically, there are several species of plants which commonly are called "poison oak" and "poison ivy".) Poison oak is an allergy producing considerable pain and discomfort and about one-half of the population is susceptible to it. The shrubs are found in abundance in California and are common in certain hilly areas in nearby counties.

The best way to escape trouble is to avoid the plants. They are recognizable by shiny leaves which grow in typical three-leaf clusters, changing color from green in the spring to green splotched with red and then mostly red from summer on. In the spring most plants have greenish-white flowers which become berries later on, not unlike those found on mistletoe. The erect plants are two to six feet tall, sometimes winding over trees, fences and rocks and can be found anywhere except in the mountains above 5,000 feet elevation.

Poison oak is spread by direct or indirect contact with the plant, a chemical substance called lobinol producing the skin rash, swelling and blisters. This substance can be carried in smoke of burning plants and can contaminate clothing, tools, animals, etc. Sensitivity to the poison varies greatly with individuals and immunity is unpredictable. The appearance of the allergic rash varies from a few hours after exposure in very sensitive people to three weeks or longer in others. Likewise, there is wide variation in the duration of the illness, but usually a person is well in two to three weeks.

After exposure to poison oak, the contaminated clothing should be removed and the body thoroughly washed with soap and water as soon as possible to prevent or minimize the allergic reaction. Clothes, shoes, tools, etc. can be decontaminated by a solution of calcium hypochlorite, such as are in the common household bleaches. Preventive measures before exposure include wearing clothing to cover as much of the body as possible, applying a protective cream to exposed surfaces and getting injections of a desensitizing agent if your physician so advises. If you get a case of poison oak see your doctor for treatment. Finally, teach yourself and your family to recognize poison oak and then avoid all contact with it.

STATISTICAL REPORT FOR THE 22nd WEEK ENDING MAY 31, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	72	60	1711	610
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	5	5
GONORRHEA	30	31	762	580
INFECTIOUS HEPATITIS	0	0	15	22
MEASLES	21	169	472	2264
MUMPS	30	66	647	1383

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
POLIOMYELITIS	0	1	10	32
RHEUMATIC FEVER	0	0	7	4
SALMONELLOSIS	0	0	31	88
SCARLET FEVER	3	6	117	63
SYPHILIS	17	8	227	153
TUBERCULOSIS	17	16	228	18
TYPHOID FEVER	0		8	2
WHOOPING COUGH	0	2	18	21

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	201	142
BIRTHS RECORDED FOR THE WEEK	278	280

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JUNE 10, 1957

SAN FRANCISCO'S LEADING CAUSES OF DEATH

	1956			1955		
	RANK	NUMBER	RATE*	RANK	NUMBER	RATE*
TOTAL, ALL CAUSES	-	9548	1195.1	-	9161	1152.5
Heart Diseases	1	3747	469.0	1	3635	457.3
Cancer	2	1644	205.8	2	1597	200.9
Vascular Lesions of C.N.S.	3	949	118.8	3	802	100.9
Accidents	4	534	66.8	4	464	58.4
Cirrhosis of Liver	5	340	42.6	5	288	36.2
Suicides	6	235	29.4	9	194	24.4
Influenza and Pneumonia	7	231	28.9	7	229	28.8
Diseases of Early Infancy	8	221	27.7	6	239	30.1
Arteriosclerosis	9	182	22.8	8	211	26.5
Tuberculosis	10	92	11.5	11	116	14.6
Diabetes	11	88	11.0	10	128	16.1

* All death rates per 100,000 estimated population (1956 - 798,900; 1955 - 794,900).

The above table lists the eleven leading causes of death in San Francisco, corrected for residence. The crude death rate for 1956 from all causes was 12.0 per 1,000 estimated population. Although this was slightly higher than the 1955 rate of 11.5, it was lower than the rates for 1950 and 1951. Again the most frequent causes of death were those classified to heart diseases, cancer, vascular lesions of the central nervous system (chiefly cerebral hemorrhage) and accidents. These 4 groups accounted for 72% of the deaths.

Cirrhosis of the liver was again fifth in frequency. Suicides followed in 6th place, partly because of the numerical increase of 21% and partly because of shifts in other diseases. The death rate from tuberculosis is an all-time low but the disease remains in the first 10 causes.

STATISTICAL REPORT FOR THE 23rd WEEK ENDING JUNE 7, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	73	98	1784	632	RHEUMATIC FEVER	0	0	7	4
DIPHTHERIA	0	0	0	0	SALMONELLOSIS	1	1	32	88
EPIDEMIC MENINGITIS	0	0	5	6	SCARLET FEVER	7	7	124	64
GONORRHEA	27	24	789	604	SYPHILIS	16	7	243	160
INFECTIOUS HEPATITIS	1	1	16	23	TUBERCULOSIS	7	10	236	298
MEASLES	33	236	505	2422	TYPHOID FEVER	0	0	0	2
MUMPS	27	52	674	1460	WHOOPING COUGH	4	1	22	21
POLIOMYELITIS	0	2	10	34					

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
INFLUENZA	1
PNEUMONIA	2
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	201	166
BIRTHS RECORDED FOR THE WEEK	497	345

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JUNE 17, 1957

THE CHILD GOES TO THE HOSPITAL

Many hospitals have to contend daily with the fears of small children and their parents toward their first hospitalization, which may occur to many children this summer. It is well recognized that the vague but strongly felt feelings of confusion, fear and insecurity aroused in a child by his experiences in a hospital may persist long after his physical health is restored and these emotional scars may often be reflected in his attitude and habits even years later. Happily, not all children have such apparent long-lasting ill-effects, but the hazard is always present. The danger is that possibly in one devastating event his feelings of security may be undermined. It is not only that he is uncomfortable and in pain in a strange place, but if - when he needs them most - his parents seem to have deserted him or deceived him, serious damage may be done to his personality.

Efforts to minimize these disturbances resulting both from separation from home and disagreeable but necessary hospital procedures have been rewarding to the child and his family. Any child, even a four year old, can understand why he is going to the hospital if the reasons are simply explained and he is entitled to know some of the experiences he is to expect. A recent study published by the American Medical Association has shown that children between the ages of three and fifteen years of age are frightened and confused about why they were hospitalized, mainly because the reasons were not adequately explained. Only one fourth of the children studied were able to give a good explanation in terms which they understood. These children were also happier and more cooperative indicating that when explanations are stated in simple terms the child can grasp, their fears are minimized.

For parents who are faced with the task of hospitalizing their child and who would like suggestions on how to prepare him for it, the Health Department's Division of Public Health Education has available a leaflet entitled "Preparing Your Child For Hospital" which describes some things that can make hospitalization an easier experience for parent and child. Hospitalization can be a disturbing experience in a child's life. Handled wisely, however, it can be just another event in growing up.

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STATISTICAL REPORT FOR THE 24th WEEK ENDING JUNE 14, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	96	53	1880	656
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	5	6
GONORRHEA	35	35	823	629
INFECTIOUS HEPATITIS	0	1	16	24
MEASLES	34	169	539	2555
MUMPS	38	64	712	1541
POLIOMYELITIS	0	1	10	41

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	1	0	8	4
SALMONELLOSIS	1	1	33	90
SCARLET FEVER	2	7	126	69
SYPHILIS	11	8	254	166
TUBERCULOSIS	8	18	244	305
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	2	1	24	21
POLIOMYELITIS (DISEASE YEAR)**		1	2	21

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

HEPATITIS	1
INFLUENZA	1
PNEUMONIA	4
SYPHILIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	198	159
BIRTHS RECORDED FOR THE WEEK	458	394

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "POLIO DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR — JUNE 24, 1957

WATER SAFETY RULES

About ninety per cent of the ninety million persons who use swimming facilities each year swim very poorly or not at all. Only ten per cent swim reasonably well or very well, and the percentage of swimmers who are able to assist others in distress is even smaller, a fact corroborated by observation that three of every four drownings occur within sixty feet of the shore. In the year 1956 twenty four San Franciscans died from drowning under a variety of circumstances. Education in regard to even the simplest common sense precautions, such as those listed below, can be expected to lower this incidence.

1. Never swim alone.
2. Wait an hour after meals before swimming.
3. Avoid swimming if tired or overheated.
4. Swim close to shore.
5. If muscle cramps occur, leave water at once.
6. Do not swim from boats in deep water.
7. Be wary of river currents.
8. If your boat capsizes, stay with it.
9. Never stand or change positions in boats.
10. Do not overload boats.
11. Select a safe swimming place, preferably supervised by lifeguards.
12. Know how to rescue a person from drowning and how to apply artificial respiration.

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Next week we will describe the Holger Nielsen Method of Artificial Respiration which is endorsed by the A.M.A., the American Red Cross, and the U.S. Public Health Service.

STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 21, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	28	42	1908	670
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	5	6
GONORRHEA	49	34	872	643
INFECTIOUS HEPATITIS	0	0	16	24
MEASLES	21	154	560	2623
MUMPS	10	37	722	1576
POLIOMYELITIS	1	1	11	41

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	1	1	34	94
SCARLET FEVER	8	5	134	74
SYPHILIS	10	7	264	171
TUBERCULOSIS	13	15	257	320
TYPHOID FEVER	0	0	0	2
WHOOPING COUGH	0	2	24	21
POLIOMYELITIS (DISEASE YEAR)**		1	3	21

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	192	191
BIRTHS RECORDED FOR THE WEEK	384	369

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

JULY 1, 1957

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THE HOLGER NIELSEN METHOD OF ARTIFICIAL RESPIRATION

The immediate problem of resuscitation following submersion in fresh or salt water is to drain as much liquid as possible from the respiratory system and to maintain a patent, adequate airway. The patient should be placed in a prone position and lifted at the waist, so that water will run out of the bronchial passages. Debris, mucus, froth, dentures and other materials should be removed from his mouth and throat and artificial respiration instituted at once. In all persons except infants and very small children, the "push-pull" or "arm-lift-back pressure" method of Holger Nielsen is recommended. This method is preferred because it provides the greatest volume of air for the patient with minimum effort from the operator. It also avoids exertion or pressure on the abdomen, with the associated risk of inhalation of regurgitated water.

1 - Place patient in prone position, remove foreign matter from mouth and pull tongue forward. Kneel in front of his head and place hands on back just below shoulder blades. Thumbs should almost meet and fingers are spread.
2 - Apply uniform downward pressure by bending forward with elbows straight. This movement empties lungs.
3 - Gradually release pressure by straightening up. Slide hands to a position on patient's arms just below elbows.
4 - Lift patient's arms upward and forward until resistance is met. This movement draws air into lungs. Allow arms to fall back into initial position. Repeat entire maneuver 10 to 12 times per minute.

STATISTICAL REPORT FOR THE 26th WEEK ENDING JUNE 28, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	34	26	1942	692
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	5	7
GONORRHEA	19	26	891	680
INFECTIOUS HEPATITIS	0	1	16	26
MEASLES	21	93	581	2673
MUMPS	15	19	737	1595
POLIOMYELITIS	0	1	11	44

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	3	2	37	98
SCARLET FEVER	2	6	136	75
SYPHILIS	4	8	268	178
TUBERCULOSIS	12	13	269	329
TYPHOID FEVER	1	0	1	2
WHOOPING COUGH	0	0	24	24
POLIOMYELITIS (DISEASE YEAR)**		1	3	21

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	3
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	180	187
BIRTHS RECORDED FOR THE WEEK	415	470

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 8, 1957

"UNDER THE INFLUENCE"

LISTED BELOW IN BRIEF ARE THE CHEMICAL STANDARDS FOR THE LEGAL INTERPRETATION OF "UNDER THE INFLUENCE OF ALCOHOL" IN TERMS OF PERCENTAGE OF ALCOHOL IN THE BLOOD. THE ALCOHOL IN A HIGHBALL OR COCKTAIL IS BASED ON THE USE OF ONE OUNCE OF 100 PROOF WHISKEY OR GIN.

1. BELOW 0.05% ALCOHOL IN THE BLOOD - AFTER DRINKING 1 BOTTLE OF BEER, OR 1 HIGHBALL, OR COCKTAIL - NO INFLUENCE BY ALCOHOL WITHIN THE MEANING OF THE LAW.
2. BETWEEN 0.05% AND .10% - 2 BOTTLES OF BEER, OR 2 HIGHBALLS OR COCKTAILS - AVERAGE PERSON "UNDER THE INFLUENCE".
3. AT 0.10% - 4 BOTTLES OF BEER, OR 4 HIGHBALLS OR COCKTAILS - BRAIN FUNCTION CONTROLLING THE FOLLOWING FACTORS ARE AFFECTED IN ALL PEOPLE (WALKING AND TALKING LOSSES USUALLY NOT APPARENT, BUT POSSIBLE):

   A. LOSS OF INHIBITION
   B. LOSS OF VISUAL ACUITY
   C. LOSS OF REACTION TIME
   D. LOSS OF MANUAL DEXTERITY

4. 0.15% - ABOUT 6 BOTTLES OF BEER, OR 6 HIGHBALLS OR COCKTAILS - NATIONAL SAFETY COUNCIL'S RECOMMENDED LEVEL FOR LEGISLATION OF "PRIMA FACIE" ALCOHOLIC INFLUENCE ON THE BLOOD TEST ALONE - AVERAGE PERSON HAS WALKING AND TALKING LOSSES - DEFINITELY TOO DRUNK TO DRIVE.
5. 0.20% - ABOUT 8 BOTTLES OF BEER, OR 8 HIGHBALLS OR COCKTAILS - NOTICEABLE INTOXICATION USUALLY SET IN BY THIS TIME IN MOST PERSONS (CAN SET IN AS LOW AS 0.05% IN SOME PEOPLE).
6. 0.25% - ABOUT 10 BOTTLES OF BEER, OR 10 HIGHBALLS OR COCKTAILS - AGGRAVATED EFFECT ON BRAIN, WALKING AND TALKING ABILITY ALWAYS AFFECTED IN ALL PERSONS.
7. 0.30% TO 0.40% - ABOUT 12 BOTTLES OF BEER, OR 12 HIGHBALLS OR COCKTAILS -INCREASE TENDENCY TO SLEEP APPROACHING UNCONSCIOUSNESS (OCCURS AT LOWER OR HIGHER LEVELS, DEPENDING ON PERSON).
8. 0.50% TO 0.70% - DEATH CAUSED BY ALCOHOL DEPRESSION OF NERVOUS SYSTEM ACTIVELY INVOLVING HEART AND LUNG ACTION.

THESE STANDARDS HAVE PROVED THEMSELVES TO BE FAIR AND PRACTICAL. THE ZONE BELOW 0.05% VINDICATES THE NON-DRINKING OR TEMPERATE DRIVER, THE WIDE MIDDLE ZONE CONSIDERS TOLERANCE AND IDIOSYNCRASY, AND THE HIGHEST ZONE INDICATES ALCOHOLIC INFLUENCE REGARDLESS OF UNUSUAL TOLERANCE. THE CHEMICAL TEST CAN BE PERFORMED WITH REMARKABLE ACCURACY AND IS THE BEST MEANS OF PROVING ALCOHOLIC INFLUENCE.

STATISTICAL REPORT FOR THE 27th WEEK ENDING JULY 5, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	48	17	1990	698
DIPHTHERIA	-	0	1	-
EPIDEMIC MENINGITIS	-	0	5	8
GONORRHEA	27	27	918	713
INFECTIOUS HEPATITIS	1	1	17	27
MEASLES	13	71	594	2706
MUMPS	15	14	752	1607
POLIOMYELITIS	-	3	11	47

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DAT
RHEUMATIC FEVER	-	0	8	4
SALMONELLOSIS	1	2	38	101
SCARLET FEVER	1	2	137	77
SYPHILIS	15	7	283	185
TUBERCULOSIS	13	15	282	342
TYPHOID FEVER	-	0	1	2
WHOOPING COUGH	2	1	26	25
POLIOMYELITIS (DISEASE YEAR)**		3	3	27

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	152	154
BIRTHS RECORDED FOR THE WEEK	337	270

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 15, 1957

THE BABY SITTER

One of the customs of our American way of life is the widespread use of baby sitting service. As the family unit has gradually contracted, with grandparents and other family members maintaining separate living quarters, more and more parents have called in outsiders to "sit" with the children. In spite of this general practice, many parents are uneasy about leaving their children. They ask themselves - What if there is an emergency? Is there anything we can do to insure the safety of our children? This concern is real since approximately 30 youngsters under 20 years of age are killed each year in San Francisco due to accidents in the home and an estimated 3 to 4 times as many are crippled. Also, a local survey revealed that more than one-third of home accidents reported happened to children under 4 years of age and more than one-half occurred to children under 14. This serves to emphasize the importance of supervision not only on the part of parents but of others including baby sitters who have custody of children. What are some of the things that parents can do to help baby sitters observe proper protective measures?

In addition to information as to where they will be, when they will be back and how they can be reached, parents should list the phone numbers of the doctor, fire and police departments and the neighbor's phone. Other points parents should take up with the baby sitter include:

(1) the location of the first aid supplies and how she should treat a slight cut or burn (2) the safety reminders the child most frequently needs; for example, does he stay away from the stove, stairs, windows, etc.? (3) keeping scissors, pins, matches, cigarettes, medicines, poisons and other dangerous objects and substances out of the child's reach (4) the use of the stove and other appliances in a safe manner (5) letting the telephone or doorbell ring when bathing a child until he can be removed from the tub (6) how to lock outside doors and who, if anyone, should be admitted into the home.

Basic to all this, parents need to check the home thoroughly for possible hazards and then remove these hazards. A home safety check list is a valuable aid to parents in accomplishing this. This check-list and a safety pamphlet for baby sitters are available without charge from this Department's Division of Public Health Education.

STATISTICAL REPORT FOR THE 28th WEEK ENDING JULY 12, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	24	20	2014	717
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	1	1	6	8
GONORRHEA	29	23	947	730
INFECTIOUS HEPATITIS	0	2	17	31
MEASLES	11	65	605	2785
MUMPS	13	25	765	1654
POLIOMYELITIS	0	1	11	52

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PULMONARY TUBERCULOSIS 1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	1	2	39	104
SCARLET FEVER	3	2	140	78
SYPHILIS	8	7	291	192
TUBERCULOSIS	7	7	289	349
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	8	1	34	27
POLIOMYELITIS (DISEASE YEAR)**	3		3	32
INFLUENZA	11	0	19	7

	1957	1956
DEATHS RECORDED FOR THE WEEK	180	190
BIRTHS RECORDED FOR THE WEEK	431	507

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JULY 22, 1957

TWO INDICATIONS OF EMOTIONAL ILLNESS

Chronic alcoholism is a major contributory factor in the etiology of cirrhosis of the liver, the fifth ranking cause of death in San Francisco. In spite of the out-patient clinic program operated by this Department for the management of chronic alcoholism, deaths due to cirrhosis of the liver increased from 288 in 1955 to 340 in 1956 - a 17.7 per cent increase. It is obvious, therefore, that established programs are not keeping up with the rate at which patients are drinking themselves to death. There are signs of increased community concern with this problem. It is manifest, for example, by the number of increased referrals to our Adult Guidance Center by the medical profession. The Mayor's Committee on Alcoholism is focusing on this major community health problem and is presently planning a three-day public and professional educational program in September which warrants the support of all of us. Another step forward is the recent establishment at Mount Zion Hospital of an inpatient program for the care of the acute alcoholic or the chronic alcoholic in an acute phase who needs hospital care. This policy should be extended to all acute hospitals, as suggested recently by the Council on Education of the American Medical Association.

Suicide is another leading cause of death in San Francisco which derives from poor mental health. In 1955 suicide was our ninth ranking cause of death with 194 San Francisco suicides. In 1956 there were 235 deaths from suicide, an increase of 20.5 in the death rate over 1955. Suicide is now our sixth ranking cause of death and we have a suicide rate of approximately three times the national rate.

It should be recognized, then, that one of the most significant public health problems in San Francisco is mental health, as reflected by the high death rates due to cirrhosis of the liver and suicide. Other manifestations which support this conclusion are problems in child guidance, juvenile delinquency, family disturbances, and just poor inter-personal relationships. The development of community health resources designed to meet mental health problems calls for the cooperative efforts of the medical profession and other professional and lay groups in the community. The passage by the State Legislature of the Community Mental Health Services Act provides funds which will assist us in the provision of additional services in both private hospitals and in our public facilities.

STATISTICAL REPORT FOR THE 29th WEEK ENDING JULY 19, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	39	14	2053	724
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	1	0	7	8
GONORRHEA	23	40	970	777
INFECTIOUS HEPATITIS	0	2	17	33
INFLUENZA	8	0	27	8
MEASLES	9	43	614	2798
MUMPS	22	20	787	1668
POLIOMYELITIS	2	1	13	55

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	0	2	39	104
SCARLET FEVER	1	1	141	80
SYPHILIS	11	8	302	357
TUBERCULOSIS	9	8	297	1[illegible]
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	0	1	34	27
POLIOMYELITIS (DISEASE YEAR)**	2	[illegible]	[illegible]	35

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	196	160
BIRTHS RECORDED FOR THE WEEK	417	374

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 26, 1957

ENVIRONMENTAL SANITATION

The recent observance of Sanitation Week serves to call attention to the relationship of a sanitary environment and good personal and community health. Sanitary control of the environment is often taken for granted by the modern urban dweller. With water purification, sewage treatment, milk sanitation, insect and rodent control etc., it is now possible for us to enjoy the conveniences of city life in surroundings that are cleaner and safer than ever in the past. Yet each of us must live in an environment which is created by ourselves as well as by nature. The technological advances which have helped control many infections also have created problems related to chemical contamination; food processing; sub-standard housing; radiation; the stresses and strains of noise, speed, and congestion; air pollution; use of water, etc.

In our community the problems, for example, of maintaining a healthful supply of air and water are never-ending. The normal flow of water from the rivers into the Bay is impeded by man-made dams for the purpose of providing us with drinking water. It is necessary, therefore, that we protect our reservoirs far away from San Francisco. It is necessary that we see that the disposal of sewage into our Bay is such that it does not affect the use of our bay waters for industry, commerce, and sports. The air we breathe is contaminated by each of us by respiration, by our automobile exhausts, and by many of our industrial processes. Each individual in his home and in his neighborhood must make his contribution to his neighbors for the protection of the environment in which he lives.

Many services of the City through the Fire Department, the Bureau of Building Inspection, the sewage treatment plants operated by the Department of Public Works, the Water Department, the controls of traffic instituted by the Department Public Works, and the Police Department, and the milk, food, housing and plumbing inspection services of the Health Department are all designed to enable the 800,000 people of San Francisco to live together with the greatest possible safety and protection from our environment! It is interesting to note that man is one of the few animals who can change his environment to suit himself. These changes must be made taking into consideration not only the effect on us as individuals but upon all of us as a community and as a part of a region of communities.

STATISTICAL REPORT FOR THE 30th WEEK ENDING JULY 26, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	13	15	2066	737
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	7	8
GONORRHEA	39	28	1009	818
INFECTIOUS HEPATITIS	0	0	17	33
INFLUENZA	10	0	37	9
MEASLES	15	50	629	2824
MUMPS	8	17	795	1685
POLIOMYELITIS	2	2	15	61

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	1	8	4
SALMONELLOSIS	1	1	40	108
SCARLET FEVER	2	3	143	82
SYPHILIS	15	7	317	208
TUBERCULOSIS	8	11	305	367
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	4	0	38	27
POLIOMYELITIS (DISEASE YEAR)**	3		7	41

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	172	194
BIRTHS RECORDED FOR THE WEEK	331	357

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 5, 1957

POLIOMYELITIS

The recent advances against poliomyelitis have placed in our hands a new specific immunological weapon - the Salk vaccine. From the time the vaccine was perfected and offered without cost by government agencies to all our citizens under 40 years of age this Department has provided adequate facilities for immunizing all applicants. From the beginning of the program it has been emphasized that several inoculations were ideal, but at least two were necessary, if adequate protection were to be attained. To date we have given a total of 230,113 inoculations to San Franciscans up to 40 years of age. Of this number, 112,292 were first injections, 85,801 were second injections and 32,020 were third or booster injections. Since most of the effort in this immunization program has been directed toward children and the young adult population, the following age distribution is interesting:

Age Group	No. of Injections
0 - 4	48,942
5 - 9	70,451
10 - 14	37,424
15 - 19	14,442
Total 0 - 19	171,259

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As our population in the age group from 0 through 19 is estimated at 180,225 and as all past evidence indicates that private physicians of our city have immunized as many patients as has the Health Department, a very high degree of immunization among this younger group is indicated.

Although the well-known fluctuation of the incidence of poliomyelitis makes statistical comparisons difficult of evaluation, the reports throughout the nation show a very low occurrence this year. Likewise, in San Francisco the number of cases has been low as shown in the statistical table below. With the cyclic incidence of poliomyelitis it is still too early definitely to attribute the current decrease in the incidence of poliomyelitis to the increase in immunization. With a few years' added experience we shall be in a better position to ascertain the exact cause and effect relationship. However, up to the present time the statistical evidence looks encouraging and certainly everyone should be urged to protect himself by polio vaccination. This is particularly true for children from 0 through 4 years of age as our highest case rate is found in this age group. Efforts should be made through pediatricians and child health centers to accelerate the immunization of these preschool children.

STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 2, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	13	14	2079	744
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	1	0	8	8
GONORRHEA	42	26	1051	838
INFECTIOUS HEPATITIS	0	0	17	33
INFLUENZA	39	-	76	9
MEASLES	16	27	645	2842
MUMPS	16	14	811	1699
POLIOMYELITIS	1	3	16	65

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	1	4	41	112
SCARLET FEVER	2	3	145	87
SYPHILIS	6	8	323	218
TUBERCULOSIS	6	15	311	384
TYPHOID FEVER	0	0	1	2
WHOOPING COUGH	5	2	43	29
POLIOMYELITIS (DISEASE YEAR)**		3	8	45

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
MENINGITIS	1
PNEUMONIA	3
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	183	184
BIRTHS RECORDED FOR THE WEEK	373	403

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 12, 1957

YOUR CHILD STARTS TO SCHOOL

San Francisco children will be going off to school next month, many for the first time. Parents realize that starting to school is a big step for the child to take and want to help him make a satisfactory transition from home to school. A child needs to start his school life in sound physical and emotional health. To protect his physical health, parents should have the family dentist check the child's teeth and the family physician conduct a thorough health examination. If these examinations reveal defects, they should be corrected if possible before school opens. With the increased chances for exposure to communicable diseases, the child's immunizations (including booster injections) against smallpox, diphtheria, whooping cough and poliomyelitis should be brought up to date. Of course, this preschool checkup should not be considered a substitute for continuous medical supervision, which is important for the preschool child as well as for the infant.

Starting to school marks the beginning of a new pattern of living for a child who is changing physically, mentally and emotionally. While emotional readiness for school develops over a long period of time, parents can help the child prepare for the adjustment inherent in this experience which to him is a tremendously big event. The security of his home and the love of his parents have been the very foundation of his life. To leave the protection of his home for the uncertainties of school life with new children and adults may bring doubts and fears. Parents should talk about school in a positive way, treating it as a happy adventure. It is reassuring to the child to have some specific details of just what will happen when he starts school - what time he has to get up, which door to go in, where his classroom is, who the teacher is, etc. If parents are generous with praise and support as school time approaches, it will help the youngster cope with last minute misgivings and it's reassuring to know that older members of the family once felt the way he does. Even with the best preparation children may be upset and cry or act unusually shy even though they may have given every sign of being ready for school. It is not at all unusual and does not mean that parents have done anything wrong or that they should blame themselves or shame the child. In brief, the more the child has felt secure in his family's affection, learned to get along with others, shared in small responsibilities and learned to do some things on his own the better he is emotionally prepared to enjoy and profit from his school experience.

STATISTICAL REPORT FOR THE 32nd WEEK ENDING AUGUST 9, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	7	10	2086	752
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	8	8
GONORRHEA	48	28	1099	866
INFECTIOUS HEPATITIS	0	0	17	33
INFLUENZA	13	-	89	9
MEASLES	9	23	654	2854
MUMPS	11	14	822	1713
POLIOMYELITIS	1	2	17	67

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	3	1	44	113
SCARLET FEVER	1	2	146	89
SYPHILIS	9	6	332	227
TUBERCULOSIS	20	15	331	393
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	4	0	47	29
POLIOMYELITIS (DISEASE YEAR)**	2		9	47

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	168	173
BIRTHS RECORDED FOR THE WEEK	373	490

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

**"DISEASE YEAR" BEGINS ON APRIL 1ST

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR

August 19,1957

POTENTIAL HOME POISONS

The ingestion of poisonous solids and liquids is one of the important categories of accidents occurring in the home revealed by the 1954-1955 survey of home accidents in San Francisco. The data from this study do not reveal the extent of the problem as only those accidents reported through our Emergency Hospitals were surveyed. However, of the 142 cases reported and followed up during the 12 month period, medicine was the poisonous substance swallowed in 74 instances. Other poisons involved were insecticides and rodenticides - 27 cases, household cleaning substances - 20 and other poisonous substances - 21. It is significant that out of 142 individuals who accidentally swallowed home poisons, 125 or 88% were under five years of age! With the propensity of young children to put about everything into their mouths as a part of their natural development, it would appear that to grow up safely they are very much at the mercy of their parents whose responsibility it is to take preventive measures to protect their children from these unnecessary and avoidable accidents.

In most homes there are potential poisons in every room of the house. Some are labeled as such but many are not; in fact, they may be common household products that are perfectly safe when used as directed but poisonous when improperly used. Some of the potential poisons found in the medicine chest are: (1) aspirin, particularly the candy flavored type for children (2) sedatives and sleeping pills (3) candy laxatives (4) potentially hazardous prescriptions (5) medicines for external use only - antiseptics and disinfectants like iodine and rubbing alcohol and oil of wintergreen liniment with its peppermint candy smell. A limited list of potentially dangerous household chemicals would include: (1) newer chemicals for control of insects and rodents such as chlordane and parathion and older pesticides containing strychnine, arsenic, etc. and camphor and naphthalene moth balls (2) cleansing agents like ammonia, washing soda, lye and metal cleaners (3) furniture and floor polishes (4) kerosene and turpentine (5) lead-containing paints (6) cosmetics and (7) others such as aniline dyes and nitrobenzene shoe polishes. It is obvious that all such medicines and household products should be kept in a safe place, out of the sight and reach of children and that parents must exercise careful supervision of their young children to prevent needless and sometimes fatal accidental poisonings in the home.

STATISTICAL REPORT FOR THE 33rd WEEK ENDING AUGUST 16, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	3	6	2089	757
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	8	9
GONORRHEA	32	31	1131	897
INFECTIOUS HEPATITIS	0	1	17	34
INFLUENZA	2	-	91	10
MEASLES	8	19	662	2891
MUMPS	10	11	832	1730
POLIOMYELITIS	1	2	18	69

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	3	1	47	114
SCARLET FEVER	1	2	147	89
SYPHILIS	5	7	337	234
TUBERCULOSIS	17	14	348	405
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	2	2	49	31
POLIOMYELITIS (DISEASE YEAR)**	2		10	49

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

NONE

	1957	1956
DEATHS RECORDED FOR THE WEEK	170	163
BIRTHS RECORDED FOR THE WEEK	467	356

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** DISEASE YEAR BEGINS ON APRIL 1ST

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 26, 1957

FIFTH ANNIVERSARY

On August 25, 1952, the City and County of San Francisco began the fluoridation of its water supply, thus providing its citizens with protection against dental caries, which it is anticipated will reduce dental decay in our present children and future adults by as much as two-thirds.

We were one of the leaders in the country in adopting this forward step in the control of tooth decay. Chicago, Philadelphia, Baltimore, Washington and many other large cities are now adding fluorides to the public water supply. In the United States today, there are some 1,500 communities and over 31 million people receiving fluoridated water.

During the five years that we have fluoridated our water supply, there have been only two cases of untoward reaction reported, and no cases verified by competent medical authorities. From reports of other communities and from our own experience, we are more certain than ever that fluoridation is a safe and effective procedure. The dental profession reports that already there is a noticeable improvement in the dental caries situation among preschool children.

On this, our fifth anniversary of this forward public health step, the people of San Francisco can take great pride in their municipal leadership in this important preventive service, which is safe, effective, and relatively inexpensive, as a means of reduction of dental decay and reduction in the deformities of the mouth and other complications which often result from extensive poor oral hygiene.

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STATISTICAL REPORT FOR THE 34th WEEK ENDING AUGUST 23, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	1	10	2090	762
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	1	8	10
GONORRHEA	41	38	1172	927
INFECTIOUS HEPATITIS	1	1	18	34
INFLUENZA	9	-	100	11
MEASLES	6	19	668	2898
MUMPS	6	13	838	1736
POLIOMYELITIS	0	4	18	74

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	5	1	52	117
SCARLET FEVER	0	2	147	89
SYPHILIS	13	8	350	242
TUBERCULOSIS	16	14	364	420
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	1	1	50	32
POLIOMYELITIS (DISEASE YEAR)**	4		10	54

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	168	185
BIRTHS RECORDED FOR THE WEEK	409	438

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 3, 1957

WHERE ARE WE GOING IN PUBLIC HEALTH?

Public health has been defined as "the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community efforts." More recently the World Health Organization defined health as "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity." For the individual then, real personal health is that complete fitness of body, soundness of mind and wholesomeness of emotions which make it possible for him to reach the highest quality of effective living.

Within this broad framework the public health program can no longer be limited to environmental sanitation and the control of communicable diseases, activities which marked the historical beginnings of the public health movement. Even the addition of the other basic public health services of maternal and child health, health education, public health statistics and laboratory services are today only the minimum requirements for the establishment of a local health department. The constantly changing pattern of a community's health needs call for services to combat such problems as long-term illnesses and the health problems of the aged, poor mental health, alcoholism, suicide, accidents, poor housing, air pollution and the needs for rehabilitation. As a corollary, frequent periodic evaluation of the need for and effect of existing public health programs is called for. At the same time there has been a growing recognition of the fact that public health is essentially a social science in which specialized knowledge and techniques are applied in a practical way to the betterment of society.

Where are we going in public health? We are going where the changing needs take us and the direction is towards the more positive aspects of physical, mental and social health. This means that in the future there needs to be a closer relationship between the traditional public health programs and mental health and social welfare programs. It does not mean that government should conduct all the activities concerned with the health of the citizen, for the non-governmental health agencies and the medical and allied professions share this responsibility. All of us need to face the total health problems of the community which require our combined efforts and those of our colleagues in allied fields of education and social sciences to create a dynamic public health program designed to meet the changing health needs of people in a changing world.

STATISTICAL REPORT FOR THE 35th WEEK ENDING AUGUST 30, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	2	6	2092	767
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	1	8	11
GONORRHEA	37	35	1209	972
INFECTIOUS HEPATITIS	1	1	19	35
INFLUENZA	12	-	112	12
MEASLES	4	13	672	2903
MUMPS	2	9	840	1745
POLIOMYELITIS	2	4	20	75

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	1	0	53	117
SCARLET FEVER	1	0	148	89
SYPHILIS	13	11	368	256
TUBERCULOSIS	19	11	383	426
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	1	1	51	33
POLIOMYELITIS (DISEASE YEAR)**		4	12	55

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE YEAR	180	179
BIRTHS RECORDED FOR THE YEAR	366	435

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

September 10, 1957

INFLUENZA

The so-called Asian type of influenza is a variant of the Type A influenzas of which we have a considerable number of cases each year. It can be differentiated only by extensive laboratory investigation, and its symptoms are no different from the usual symptoms of influenza. Therefore, the family physician does not know whether or not a case of influenza is due to the Asian virus from the clinical picture alone. There is considerable evidence that this new strain of influenza virus is well distributed throughout the country. There are already indications of an increased incidence of influenza (not necessarily the Asian variety) in San Francisco and elsewhere in the country. There is a possibility that there may be a relatively high incidence of this disease during the fall and winter months of this year. If an epidemic does occur, it might attack as many as 20% of the population over a period of from four to six weeks. These patients would be sick from four to seven days with aches and pains, fever, dry cough, and might possibly be considerably fatigued for another few days. There is no evidence that this disease will behave like the 1918-19 variety.

A vaccine which is specific for this new strain of virus is now coming on the market. It is presumed that it would decrease the incidence of this relatively mild disease by as much as 50%, which would mean that perhaps only 10% would get the disease if everyone were vaccinated. It is estimated that there will be perhaps one dose for every six people available by the first of December, and one for every three people by the first of February. Accordingly, it is recommended that between now and December first, personnel of hospitals and the medical and health services be vaccinated, in order to make them available for assisting in the care of patients, and also that other groups whose services are necessary to the community be vaccinated, preferably by their family physicians. Physicians will also vaccinate certain of their patients to whom even a mild case of influenza might constitute a dangerous complication of an already existing disease. There is no indication that pregnant women need to be vaccinated unless their physicians feel that such an illness might complicate the pregnancy. The public should not stampede for vaccination until such time as the key groups necessary for essential community services have been vaccinated. There are no controls in the distribution of vaccine. It is available only through the usual commercial channels.

STATISTICAL REPORT FOR THE 36TH WEEK ENDING SEPTEMBER 6, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	4	3	2096	770
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	1	0	9	11
GONORRHEA	38	31	1247	1006
INFECTIOUS HEPATITIS	2	1	21	35
INFLUENZA	2	-	114	12
MEASLES	1	6	673	2908
MUMPS	10	4	850	1748
POLIOMYELITIS	1	2	21	76

CASES REPORTED	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	8	4
SALMONELLOSIS	5	1	58	118
SCARLET FEVER	1	1	149	90
SYPHILIS	17	7	385	263
TUBERCULOSIS	12	8	395	433
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	9	2	60	35
POLIOMYELITIS (DISEASE YEAR)**	2		13	56

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	7
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	212	182
BIRTHS RECORDED FOR THE WEEK	396	294

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

**DISEASE YEAR BEGINS ON APRIL 1ST

DOCUMENTS DEPT.
SEP 10 1957

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M. D., DIRECTOR SEPTEMBER 16, 1957

SAN FRANCISCO CONFERENCE ON ALCOHOLISM

One method of appraising the extent of alcoholism is to look at the death rates from cirrhosis of the liver, a disease closely related to chronic alcoholism. Cirrhosis of the liver is the fifth ranking cause of death in San Francisco with 340 deaths in 1956, giving a death rate of 42.6 per 100,000 population. This is a 17.7 per cent increase over 1955 when we had 288 deaths and a death rate of 36.2. Comparative death rates for 1956 are 17.3 for the State of California and 10.7 for the United States. These facts correlated with the estimate that the consumption of alcohol in San Francisco is about 3½ times the national average, strongly indicate that we have an alcoholism problem which is among the most serious in the country.

One year ago Mayor George Christopher, recognizing the magnitude of the problem, appointed a Citizens' Committee for the Study of Alcohol Problems under the chairmanship of Sheriff Matthew Carberry. Meeting at regular intervals this past year, the initial work of the Committee has been to study the problem of "skid row" and jailed alcoholics, and a number of constructive steps have been taken. However, it was quickly realized that these are only a small percentage of the persons troubled by alcoholic problems. To help us focus on the total community health problem, a San Francisco Conference on Alcoholism was planned which will be held on Thursday, Friday and Saturday September 26 - 28, 1957. The purpose of the conference is to seek the reasons for the acuteness of the problem in San Francisco and to recommend preventive and remedial measures which the community can take. Some of the leading authorities on alcoholism and its related problems will participate, including members of the Committee on Alcoholism of the American Medical Association.

Under the chairmanship of Alfred Auerback, M. D., four main themes will be discussed during the first two days: (1) Alcohol and the Homeless Man (2) The Effect of Excessive Drinking on the Family (3) The Female Problem Drinker and (4) The Effect of Alcoholism on Business and Industry. On Saturday, September 28, the conference will devote itself to the medical and hospital management of alcoholism. Attendance at the conference will be by invitation with broad cross-community representation. One meeting open to the general public will be held Thursday at 8 p.m. at the Nourse Auditorium, Hayes and Franklin Streets, and all interested citizens are invited to attend.

STATISTICAL REPORT FOR THE 37th WEEK ENDING SEPTEMBER 13, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	3	8	2099	775
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	9	11
GONORRHEA	25	22	1272	1028
INFECTIOUS HEPATITIS	1	1	22	36
INFLUENZA	4	0	118	12
MEASLES	5	10	678	2916
MUMPS	12	12	862	1756
POLIOMYELITIS	0	5	21	81

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	1	8	4
SALMONELLOSIS	2	1	60	118
SCARLET FEVER	4	2	153	90
SYPHILIS	6	9	391	272
TUBERCULOSIS	13	7	408	440
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	4	1	64	36
POLIOMYELITIS (DISEASE YEAR)**	5		13	61

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1
TUBERCULOSIS	1

DEATHS RECORDED FOR THE WEEK	167	149
BIRTHS RECORDED FOR THE WEEK	496	379

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

**DISEASE YEAR BEGINS ON APRIL 1ST

DOCUMENTS DEPT. SEP 1957

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 23, 1957

SEPTEMBER IS SIGHT SAVING MONTH

Because a child can't tell if his sight is what it should be and will rarely complain of poor vision, parents and teachers must be alert to recognize symptoms of visual deficiencies. During the pre-school and early school years these visual difficulties often limit the child's experiences and lessen his abilities. As a result such children may seem slow, timid, hesitant or awkward and become the innocent target of scoldings and misunderstandings. For parents and teachers to be able to spot symptoms of eyestrain or poor vision is important and requires close attention, yet the clues to these visual deficiencies are as simple as A - B - C. A stands for the Appearance of the child's eyes - persistent redness, or watering, for example, following extensive use of the eyes, may indicate inadequate vision. B stands for Behavior - any physical defect which hampers achievement may lead to bad behavior. A child who doesn't read well because he doesn't see well may hide his inability to see and read by diverting attention, becoming restless and breaking rules. C stands for Complaint - which a child may or may not make when he doesn't see properly. Usually a young child will simply avoid use of his eyes if doing so is difficult. Rather than admit he can't do a thing, a child is much more likely to say, "I don't want to", or "I don't like to" do something.

To help prevent these difficulties, the public health nurses working in our schools carry out visual screening tests at regular intervals during the school year. These relatively simple tests are sufficient to uncover most cases in need of professional eye attention. However if a parent or teacher recognizes symptoms which indicate that something might be wrong with the child's eyesight she should bring it to the attention of the school nurse. Then if an eye problem is found to exist, the child can be seen by an eye specialist or clinic or referred to 101 Grove Street for an opinion by the eye consultant of the San Francisco Health Department.

At the adult level, glaucoma while amenable to preventive treatment is an eye disease which affects one out of eight Americans and can result in total blindness. Although glaucoma does sometimes attack younger people, it is more likely to single out those over 40 years of age and apparently may affect as many as 2% of those over 40. Early detection of this insidious disease which can then be controlled by medicine or surgery is the best method of prevention and it is recommended that everyone over forty years of age secure an eye examination as part of his periodic physical checkup.

STATISTICAL REPORT FOR THE 38TH WEEK ENDING SEPTEMBER 20, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	3	11	2102	781
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	9	11
GONORRHEA	31	25	1303	1055
INFECTIOUS HEPATITIS	2	1	24	36
INFLUENZA	8	-	126	12
MEASLES	5	8	683	2920
MUMPS	14	15	876	1765
POLIOMYELITIS	1	3	22	81

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	6	0	14	4
SALMONELLOSIS	2	0	62	120
SCARLET FEVER	4	3	157	90
SYPHILIS	7	10	398	275
TUBERCULOSIS	9	11	417	448
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	4	4	68	35
POLIOMYELITIS (DISEASE YEAR)		3	14	61

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFLUENZA	1
PNEUMONIA	1
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	173	177
BIRTHS RECORDED FOR THE WEEK	506	470

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

**DISEASE YEAR BEGINS ON APRIL 1ST

DOCUMENTS DEPT
SEP 25 1957
SAN FRANCISCO

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 30, 1957

SIGNS OF GOOD MENTAL HEALTH

The essentials of good physical health are the most common things of daily life - fresh air, good food, exercise, and sleep. Similarly, good mental health is based on very simple matters which have to do with the way we get along mentally in our everyday life - on the job, at home, in our social life and in the community; in other words, the way we harmonize our abilities, ambitions, feelings and conscience in order to meet life's demands as we face them. Listed below are some signs of good mental health characteristic of the emotionally mature person which we might all strive to observe for our own peace of mind.

1. A tolerant, easy-going attitude toward ourselves as well as others.
2. A realistic estimate of our own abilities - neither underestimating nor overestimating.
3. Self-respect.
4. Ability to take life's disappointments in stride.
5. Ability to give love and consider the interest of others.
6. Liking and trusting other people and expecting others to feel the same about us.
7. Feeling part of a group and having a sense of responsibility to our fellow man.
8. Accepting our responsibilities and doing something about our problems as they arise.
9. Ability to plan ahead and setting of realistic goals for ourselves.
10. Putting our best effort into what we do and getting satisfaction out of doing it.

STATISTICAL REPORT FOR THE 39th WEEK ENDING SEPTEMBER 27, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	6	10	2108	791
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	9	11
GONORRHEA	20	29	1323	1082
INFECTIOUS HEPATITIS	1	2	25	38
INFLUENZA	5	-	131	12
MEASLES	5	9	688	2932
MUMPS	8	17	884	1786
POLIOMYELITIS	0	4	22	83

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	5	0	19	4
SALMONELLOSIS	2	0	64	120
SCARLET FEVER	6	2	163	92
SYPHILIS	4	9	402	285
TUBERCULOSIS	16	11	432	456
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	4	2	72	35
POLIOMYELITIS (DISEASE YEAR)**			14	63

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
SYPHILIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	203	[illegible]
BIRTHS RECORDED FOR THE WEEK	[illegible]	451

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** POLIOMYELITIS DISEASE YEAR BEGINS ON APRIL 1

DOCUMENTS DEPT. OCT 1 1957

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 7, 1957

YOUR HELP, PLEASE!

Through our "WEEKLY BULLETIN" we try to keep our readers informed about health matters related particularly to San Francisco, special health activities, programs, and services of the Health Department and local resources for the promotion and protection of health.

It has been our custom to send the "WEEKLY BULLETIN" to physicians, health workers, school and other public administrators, organization health chairmen in San Francisco and other persons who request it.

We find it necessary from time to time to check on the accuracy of names and addresses and whether or not our present readers wish to continue receiving the "WEEKLY BULLETIN". Your name and address as shown on the attached card is on our mailing list.

If you are interested in continuing to receive the "WEEKLY BULLETIN", please return the attached card at once. The name and address as shown on the card will be used unless a correction is indicated by you. If the card is not returned within 30 days, your name will be removed from our mailing list. Thank you.

STATISTICAL REPORT FOR THE 40TH WEEK ENDING OCTOBER 4, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	15	8	2123	794
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	0	0	9	12
GONORRHEA	53	29	1376	1113
INFECTIOUS HEPATITIS	1	0	26	38
INFLUENZA	21	-	152	12
MEASLES	4	8	692	2940
MUMPS	6	16	890	1802
POLIOMYELITIS	0	4	22	87

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	19	4
SALMONELLOSIS	2	1	66	121
SCARLET FEVER	7	3	170	93
SYPHILIS	12	8	414	233
TUBERCULOSIS	16	14	448	464
TYPHOID FEVER	0	0	1	3
WHOOPING COUGH	6	2	78	38
POLIOMYELITIS (DISEASE YEAR) **			14	67

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	196	200
BIRTHS RECORDED FOR THE WEEK	420	340

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

**DISEASE YEAR BEGINS ON APRIL

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OCT 8 1957

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 14, 1957

AN UNIQUE EMERGENCY HOSPITAL SERVICE

Among the many services of the San Francisco Emergency Hospitals, one which is taken for granted is our long established poison control program. Since the inauguration of the emergency service over sixty years ago, the handling and management of poisoning cases has been an outstanding function. The person who has ingested poisonous material, either accidentally or with suicidal intent, is always an acute emergency.

Our emergency service handles well over 1,000 cases of poisoning or suspected poisonings each year. Last year, for example, 1,196 samples of gastric washings were analysed by the Health Department chemical laboratory and 590 were found to contain poisonous material. The emergency hospitals maintain a complete stock of all antidotes, and equipment is always available for gastric lavage and the other procedures useful in combating the effects of poisoning. At Central Emergency Hospital, a library of current literature in regard to poisoning is available both to members of the medical profession and to the other emergency hospitals, when situations arise which have not previously been encountered, or are not covered in the handbooks available in each hospital. The stewards and the nurses have had long experience in the handling of poisoning cases, and the doctors are indoctrinated in the various procedures for treating the victims.

In the treatment of poisons, as in all other emergencies, the Emergency Hospital service acts as an auxiliary to the medical profession. This unique poison control service is a 24-hour-a-day, 7-day-a-week operation, and is always available to pinch hit when the family doctor cannot be located or when a physician needs help in this type of emergency. The fact that there is always readily available in our Emergency Hospital service the equipment and personnel to take care of these urgent conditions, is of inestimable benefit to the community and the medical profession alike.

The 24 hour telephone number is HEmlock 1-2800.

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OCT 15 1957
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STATISTICAL REPORT FOR THE 41st WEEK ENDING OCTOBER 11, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	9	13	2132	807
DIPHTHERIA	0	0	1	0
EPIDEMIC MENINGITIS	1	0	10	12
GONORRHEA	24	35	1400	1139
INFECTIOUS HEPATITIS	3	0	29	38
INFLUENZA	20	-	172	12
MEASLES	10	5	702	2945
MUMPS	12	24	902	1826
POLIOMYELITIS	0	5	22	92

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	1	19	4
SALMONELLOSIS	1	1	67	122
SCARLET FEVER	4	2	174	95
SYPHILIS	12	7	426	300
TUBERCULOSIS	12	9	458	469
TYPHOID FEVER	0	0	1	4
WHOOPING COUGH	0	1	78	41
POLIOMYELITIS (DISEASE YEAR)**		5	14	72

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
SYPHILIS	1
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	186	148
BIRTHS RECORDED FOR THE WEEK	465	362

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 21, 1957

INFLUENZA

There appears to be an extraordinarily high incidence of influenza-like disease among high school students and junior high school students in San Francisco. The rise in the incidence of this disease suggests that we are entering into a phase that might be an epidemic if this comparable incidence extends to other population groups, particularly adults. We cannot, however, state that it is in epidemic proportions as far as the 800,000 people of San Francisco are concerned, nor can we state that all of these influenza-like diseases are due to the Asian strain of Type A influenza. We presume, however, that the majority of increase in influenza-like diseases is possibly due to the Asian strain.

During the past week, with the cooperation of the San Francisco schools, we have received some fairly definite information with respect to absences. Beginning today, the Department of Public Health will conduct an epidemiologic investigation of a sample of school absences due to illness to determine the approximate ratio of absences due to influenza-like diseases as compared with other illnesses, including the common cold.

The disease is mild, with symptoms of nausea, lack of appetite, general aches and pains, and occasionally fever up to 104 degrees. The range of symptoms may vary from all of the above down to any one of the above. There is some cough, but respiratory symptoms such as excessive nasal discharge, are not common symptoms. The length of the illness will vary from one to two days to five to seven days. Where the illness lasts longer and is associated with high fever, there is a considerable amount of prostration which may last several more days. Parents should keep their children at home and should call the family physician. Adults should likewise stay home from work when they are ill, and should not return to work until they have fully recuperated, in order to prevent the possibility of complications including pneumonia.

We should like to point out that although school absenteeism is approaching 15% in high schools as compared with the normal 5%, and 13% in junior high schools as compared with the normal 5%, absenteeism among teachers is approximately 5% as compared with a normal 3%. There have been no excessive absences reported in Health Department employees, nor has this disease yet affected adult groups to a point where absenteeism is interfering with any activities of government or business.

STATISTICAL REPORT FOR THE 42nd WEEK ENDING OCTOBER 18, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	3	16	2135	823
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	0	10	12
GONORRHEA	29	36	1429	1180
INFECTIOUS HEPATITIS	0	1	29	40
INFLUENZA	16	-	188	12
MEASLES	12	9	714	2954
MUMPS	6	16	908	1842
POLIOMYELITIS	0	4	22	96

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	1	19	4
SALMONELLOSIS	0	1	67	123
SCARLET FEVER	6	3	180	97
SYPHILIS	5	7	431	307
TUBERCULOSIS	15	12	473	477
TYPHOID FEVER	0	0	1	4
WHOOPING COUGH	3	2	81	43
POLIOMYELITIS (DISEASE YEAR)**		-	14	76

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	151	255
BIRTHS RECORDED FOR THE WEEK	518	498

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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OCT 22 1957
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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 28, 1957

CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS

During the past week the California Conference of Local Health Officers has been meeting in the Auditorium of the Health Department. The Conference met at the call of the State Director of Public Health, Dr. Malcolm H. Merrill, for two days, beginning October 22. Ten years ago the first meeting of this conference was held in the same place. At that time the Conference met to approve a set of regulations which became the minimum standards which local health departments had to meet to become eligible for State subsidy for general public health purposes. Throughout the ten years of its history the Conference has worked in an advisory capacity to the State Department of Public Health, and through its committee activities has produced a closer working relationship between State and local health departments and strengthened local health departments to a point where they are among the best in the country.

On October 24th, the Conference was again called to order by the State Director of Mental Health, Dr. Marshall Porter, for the purpose of considering and approving minimum standards which must be met by local agencies qualifying for subsidy under the Short-Doyle Act adopted by the 1957 legislature. This Act sets up the framework for the establishment of local community mental health services and the Act requires that the minimum standards adopted by the State Department of Mental Hygiene must be ratified by the newly created California Conference of Local Mental Health directors. The California Conference of Local Health Officers was designated as a substitution for this Conference during the initial development of this program. It is significant that the initiation of both of these great subsidy programs in which the State participates with local government in the financing of locally controlled services has taken place in San Francisco. We are proud to be host to this important organization which is making such notable contributions to State-local relationships.

STATISTICAL REPORT FOR THE 43rd WEEK ENDING OCTOBER 25, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	8	19	2143	836
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	0	10	12
GONORRHEA	52	33	1481	1217
INFECTIOUS HEPATITIS	0	1	29	42
INFLUENZA	24	-	212	13
MEASLES	11	7	725	2959
MUMPS	6	17	914	1859
POLIOMYELITIS	0	3	22	101

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	2	1	21	5
SALMONELLOSIS	2	2	69	126
SCARLET FEVER	1	7	181	104
SYPHILIS	12	9	443	316
TUBERCULOSIS	6	10	479	487
TYPHOID FEVER	0	0	1	4
WHOOPING COUGH	2	2	83	45
POLIOMYELITIS (DISEASE YEAR)**	3		14	81

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	5
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	195	179
BIRTHS RECORDED FOR THE WEEK	410	416

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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SAN FRANCISCO

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

:LLIS D. SOX, M.D., DIRECTOR — NOVEMBER 4, 1957

DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA & UNITED STATES - 1956

	RANK & DEATH RATE PER 100,000 POPULATION					
	SAN FRANCISCO		CALIFORNIA		UNITED STATES	
CAUSE OF DEATH	RANK	RATE	RANK	RATE	RANK	RATE
ALL CAUSES	-	1195.1	-	880.8	-	936.1
HEART DISEASE	1	469.0	1	331.9	1	361.8
MALIGNANT NEOPLASMS	2	205.8	2	142.5	2	146.6
VASCULAR LESIONS OF C.N.S.	3	118.8	3	98.0	3	107.[illegible]
ACCIDENTS	4	66.8	4	58.6	4	56.4
CIRRHOSIS OF LIVER	5	42.6	8	17.3	10	10.7
SUICIDES	6	29.4	9	14.7	11	9.7
INFLUENZA AND PNEUMONIA	7	28.9	6	26.5	6	28.3
DISEASES OF EARLY INFANCY	8	27.7	5	37.0	5	38.7
ARTERIOSCLEROSIS	9	22.8	7	21.6	7	19.4
TUBERCULOSIS	10	11.5	12	7.5	12	8.3

:n all three geographic areas, the major chronic degenerative diseases (heart dis-:ase, cancer and vascular lesions of the central nervous system) accounted for 66% :f the deaths. Accidents were the fourth most important cause of death in San Fran-:isco, but eighth in California and tenth nationally. Suicide was the sixth most :mportant cause of death in San Francisco, but was only ninth in the State and :leventh in the United States. Many factors influence the rank order of causes of leath but it seems evident from the high rates for cirrhosis and suicide that San 'rancisco has special problems in the mental health and social adjustment of its :itizens. All causes other than Number Eight reflect a high population at risk, namely the large percentage of our population who are beyond their third decade.

STATISTICAL REPORT FOR THE 44th WEEK ENDING NOVEMBER 1, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
HICKENPOX	7	16	2150	845
IPHTHERIA	0	0	1	1
PIDEMIC MENINGITIS	0	0	10	12
ONORRHEA	23	30	1504	1258
NFECTIOUS HEPATITIS	0	0	29	42
NFLUENZA	24	-	236	21
EASLES	4	5	729	2964
UMPS	4	12	918	1866
OLIOMYELITIS	0	2	22	102

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	21	5
SALMONELLOSIS	0	0	69	130
SCARLET FEVER	4	2	185	106
SYPHILIS	10	9	453	326
TUBERCULOSIS	7	12	486	499
TYPHOID FEVER	0	0	1	5
WHOOPING COUGH	0	0	83	45
POLIOMYELITIS (DISEASE YEAR)**	2	14		82

EATHS FOR THE WEEK FROM REPORTABLE DISEASES:

NEUMONIA	5
UBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	215	172
BIRTHS RECORDED FOR THE WEEK	331	377

NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 12, 1957

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WORKING TOGETHER

About a year ago, a group of physicians from Alameda and Contra Costa counties met with members of the San Francisco Medical Society to consider the development of a Bay Area poison control program. Out of these meetingswas developed the Bay Area Poison Control Committee which secured the cooperation of the San Francisco Safety Council. This committee is in the process of developing a public education program concerning poisonings. A first-aid brochure, financed by a California biological manufacturer, will be made available to physicians and others, and a broad education program is being developed through the press and television. Reports of poisonings received from physicians are reported to the State Department of Public Health in Berkeley, which tabulates and analyses the data so that we will know more about who are being poisoned, with what and under what circumstances.

Although only three counties were involved in the original discussion, additional counties have been added, so now there are information centers throughout the Bay Area available to physicians who need immediate information relative to the methods of management and diagnosis of poisoning cases. These information centers are as follows: for San Francisco, Children's Hospital and Central Emergency Hospital (whose role in this regard was described in a recent Weekly Bulletin); for the East Bay, Children's Hospital of the East Bay, Blood Bank of the Alameda-Contra Costa Medical Association; for San Pablo, Brookside; for San Mateo County, Community Hospital of San Mateo County; for San Jose, Emergency First Aid Station, Santa Clara County Hospital; for Martinez, Contra Costa County Hospital; for Palo Alto, The Palo-Alto-Stanford Hospital Center.

Here again is another example of the medical profession, health departments, hospitals, and Safety Council cooperating together to form a team which can tackle the problem of poisonings, particularly those which occur in the homes. To this team in the future will be added Parent-Teacher groups, the schools, and others who can stimulate among parents and children the institution of control measures to reduce poison hazards which exist in the home environment.

STATISTICAL REPORT FOR THE 45th WEEK ENDING NOVEMBER 8, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	4	21	2154	873
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	0	10	12
GONORRHEA	29	29	1533	1287
INFECTIOUS HEPATITIS	0	1	29	42
INFLUENZA	26	-	262	15
MEASLES	12	20	741	2975
MUMPS	13	20	931	1889
POLIOMYELITIS	0	5	22	106

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFLUENZA	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	1	21	6
SALMONELLOSIS	2	1	71	134
SCARLET FEVER	6	3	191	110
SYPHILIS	5	7	458	331
TUBERCULOSIS	7	8	490	503
TYPHOID FEVER	0	0	1	5
WHOOPING COUGH	1	0	84	47
POLIOMYELITIS (DISEASE YEAR)**		-	14	86

	1957	1956
DEATHS RECORDED FOR THE WEEK	163	217
BIRTHS RECORDED FOR THE WEEK	535	355

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 18, 1957

HOUSING AND HEALTH

Because the occupants of substandard housing are often subjected to many other undesirable factors, it is extremely difficult to determine with any degree of exactness what is cause and what is effect in the relationship of unsatisfactory housing to ill health. Nevertheless, it is quite consistent with our knowledge about the spread of disease to recognize that overcrowding increases the probability of transmission of tuberculosis, diphtheria, streptococcal infections and pneumonia; that insanitary privies, unlighted, improperly ventilated and shared toilets, contaminated water supplies and cross-connected water and sewerage systems contribute to the spread of intestinal diseases; and that rat-ridden buildings breed various rat borne diseases.

In addition to the basic requirements for construction which are applicable to all structures, public health as it relates to housing in San Francisco is concerned with 1) the general sanitation of the housing premises, 2) the aspects of safety such as fire protection, the prevention of overloaded wiring, availability of the means of egress, adequate lighting in hallways and on stairwells to prevent accidents, the proper venting of gas-fired heaters and appliances to prevent asphyxiation, etc., and 3) the proper disposal of refuse and garbage to reduce the breeding of insects and rodents.

The Health Department working with other code enforcement departments and community agencies has over the past several months stepped up its program to reduce illegal occupancy and overcrowding with their attendant effects on physical and emotional well being. Since the attitudes and habits of people are often involved in the creation and presence of blight, it is also a part of this program to educate those concerned to the fact that the home is an instrument of health and should be kept so. Such education is complementary and important to any housing program.

. . . . . .

CORRECTION:— The second sentence of the November 4 Weekly Bulletin should read: "Cirrhosis of the liver was the fifth most important cause of death in San Francisco, but eighth in California and tenth nationally."

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STATISTICAL REPORT FOR THE 46th WEEK ENDING NOVEMBER 15, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	4	21	2158	880
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	0	10	12
GONORRHEA	39	35	1572	1326
INFECTIOUS HEPATITIS	0	0	29	43
INFLUENZA	24	-	286	15
MEASLES	6	7	747	2982
MUMPS	10	31	941	1920
POLIOMYELITIS	0	2	22	108

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	21	6
SALMONELLOSIS	0	1	71	135
SCARLET FEVER	7	4	198	113
SYPHILIS	8	5	466	339
TUBERCULOSIS	10	12	500	510
TYPHOID FEVER	0	0	1	5
WHOOPING COUGH	0	1	84	52
POLIOMYELITIS (DISEASE YEAR)**		2	14	88

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	205	191
BIRTHS RECORDED FOR THE WEEK	301	373

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 25, 1957

PROTECT YOUR FAMILY AGAINST POISONING

Responsibility for preventing poisoning accidents in the home rests mainly with parents and they can contribute to such prevention by observing the following safety measures.

1. In the event of an accident, immediately call a physician or the emergency hospital.

2. Lock up all dangerous substances. Keep all drugs, poisons and other household chemicals out of the reach of children and away from food.

3. Use a prescription only for the patient for whom the physician ordered it. Read all directions and caution statements on the drug label each time you use it. Weed out the left-overs from your medicine chest regularly, especially any prescription drugs the physician ordered for a particular illness.

4. Date all drug supplies when you buy them and place transparent tape over the label to protect it. Do not take medicine from an unlabeled bottle. Before measuring liquid medicine always shake the bottle thoroughly. Safeguard candied, flavored or colored tablets, since children eat them like candy.

5. Be sure all poisons are clearly marked. This can be done by sealing with adhesive tape or a special marker. Read all labels and carefully follow "caution" statements. Even if a chemical is not labeled "poison", incorrect use may be dangerous.

6. Warn small children not to eat or drink drugs, chemicals, plants or berries they find. Do not allow food or food utensils to become contaminated when using insect sprays, aerosol mists, rat poisons, weed killers or cleaning agents. Do not eat or serve foods which smell or look abnormal.

7. Use cleaning fluids with adequate ventilation and avoid breathing vapor. Protect your skin and eyes when using insect poisons, weed killers, solvents and cleaning agents. Wash thoroughly after use of such chemicals and promptly remove contaminated clothing.

8. Do not store poisonous or inflammable substances in food or beverage containers. When you throw away drugs or hazardous materials, be sure the contents cannot be reached by children or pets.

STATISTICAL REPORT FOR THE 47th WEEK ENDING NOVEMBER 22, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	11	34	2169	901
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	0	10	12
GONORRHEA	35	32	1607	1356
INFECTIOUS HEPATITIS	1	0	30	43
INFLUENZA	27	-	313	15
MEASLES	8	9	755	2984
MUMPS	8	21	949	1947
POLIOMYELITIS	0	2	22	110

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	21	6
SALMONELLOSIS	0	2	71	137
SCARLET FEVER	9	4	207	117
SYPHILIS	11	6	477	345
TUBERCULOSIS	4	12	504	514
TYPHOID FEVER	0	0	1	5
WHOOPING COUGH	3	2	87	52
POLIOMYELITIS (DISEASE YEAR)**		2	14	90

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
SYPHILIS	1
TUBERCULOSIS	1

	1957	1956
DEATHS RECORDED FOR THE WEEK	197	171
BIRTHS RECORDED FOR THE WEEK	391	312

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 2, 1957

"ASIAN FLU"

During the past two months there has been an excessive incidence of respiratory diseases, including influenza, among students in the schools of San Francisco. As a result, by the end of October, absenteeism among high school students was approximately three times the expected absenteeism for that time of year; this peak has dropped to about 10% during the past few weeks. Absenteeism among teachers doubled, but reached only about 7% at its peak, and was only slightly increased for our Health Department employees. The majority of absences was due to influenza-like diseases, a large part presumably due to the Asian strain of influenza virus. However, we should recognize that not all influenza-like diseases are due to the Asian strain of the virus, and that not all absences from school or industry are due to any one type of influenza.

We believe that this unseasonal rise in influenza is a precursor to a greater rise that probably will occur during this month and January. The present incidence cannot be an indication that immunity has been acquired by the community as a whole. Undoubtedly there has been a rise in the immune level among many more school children than have had clinical manifestations of the disease. However the incidence among adults has been relatively low up to the present time and it is likely that in the second round, the adult population will be hit to a greater degree than children of school age.

The only method of prevention that is of value is immunization with the Asian strain of influenza virus. The vaccine will reduce the incidence of the primary influenza by about 50 percent. Immunity is believed to be attained within two weeks after the injection is given and will last from six to twelve months. It is our recommendation, therefore, that vaccination by private physicians against Asian influenza with the monovalent vaccine be continued, particularly among adult groups. We believe the emphasis should be given first, to those to whom even a mild influenza attack might mean death or long disability and second, to those whose services are most critically needed in case there is a generalized increase in this disease.

STATISTICAL REPORT FOR THE 48th WEEK ENDING NOVEMBER 29, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	9	30	2178	935
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	0	10	12
GONORRHEA	38	27	1645	1383
INFECTIOUS HEPATITIS	3	1	33	44
INFLUENZA	10	-	323	15
MEASLES	6	11	761	2995
MUMPS	6	17	955	1964
POLIOMYELITIS	0	2	22	111

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	21	6
SALMONELLOSIS	3	2	74	141
SCARLET FEVER	6	5	213	122
SYPHILIS	11	9	488	350
TUBERCULOSIS	6	18	510	532
TYPHOID FEVER	0	0	1	5
WHOOPING COUGH	0	1	87	53
POLIOMYELITIS (DISEASE YEAR)**		2	14	91

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 3

	1957	1956
DEATHS RECORDED FOR THE WEEK	[illegible]	[illegible]
BIRTHS RECORDED FOR THE WEEK	285	491

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 9, 1957

CHOOSING SAFE TOYS

For children, play is serious business. Just as every occupation has its tools, toys become the tools which help children develop into maturity. As with the selection of equipment for any kind of job, toys have to be chosen with care. A child is helped in the growing up process if toys are provided which are right for his stage of development. And by providing a child with safe and suitable toys, the attractions of the adult world which are frequently hazardous for him will be minimized.

Year after year, accidents in the home are the leading cause of death and disability in young children. Unsafe toys, unsafe use of toys and hazardous playing conditions are responsible for too many of these needless home accidents. Toy manufacturers are concerned more and more with safety features in their design of toys. This is good, but does not relieve parents of the responsibility for careful selection of safe toys. Some pointers for parents on hazards to watch out for would include:

INFANTS AND PRE-SCHOOL CHILDREN

1. Toys with sharp points or edges or which may break into sharp pieces (e.g.: toys made of weak plastic)
2. Toys with lead-based or other poisonous paints.
3. Beads, marbles, detachable eyes and parts, etc. which can be swallowed or put in the nose or ears
4. Electrical toys
5. Flammable toys and costumes

SCHOOL-AGE CHILDREN

1. Electrical toys and equipment not approved by Underwriters' Laboratories
2. Flammable toys and costumes
3. Shooting toys, darts with points and other sharp pointed toys which might endanger the eyes
4. Cap guns with unenclosed firing chambers
5. Sharp edges tools too large for the child to handle easily
6. Dangerous sporting equipment (guns, knives, etc.) unless they can be used under adult supervision

In addition to the safety features of the toy itself, its safe use is important. With proper supervision a chemistry set may be safe for older children, but extremely hazardous for young children. A scooter may be substantially built but safe riding methods are required to prevent accidents. Child safety is ever dependent on parental concern, supervision and teaching.

STATISTICAL REPORT FOR THE 49th WEEK ENDING DECEMBER 6, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	14	30	2192	965
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	2	0	12	12
GONORRHEA	36	33	1681	1425
INFECTIOUS HEPATITIS	3	0	36	45
INFLUENZA	21	-	344	15
MEASLES	12	17	773	2999
MUMPS	17	33	972	1977
POLIOMYELITIS	2	2	24	112

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	1	0	22	6
SALMONELLOSIS	1	1	75	144
SCARLET FEVER	6	4	219	125
SYPHILIS	2	6	490	356
TUBERCULOSIS	4	14	514	546
TYPHOID FEVER	0	0	1	5
WHOOPING COUGH	0	1	87	53
POLIOMYELITIS (DISEASE YEAR)**			24	112

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	7
INFLUENZA	1
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	224	190
BIRTHS RECORDED FOR THE WEEK	424	448

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1st.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Ellis D. Sox, M.D., Director — DECEMBER 16, 1957

HEATER HAZARDS

A recent newspaper item told of the asphyxiation of a Berkeley couple from a gas heater. The new heater had been installed in an upstairs bedroom and upon retiring, they had lit the heater to take the chill out of their bedroom. When the man failed to show up at his job the next day, a fellow employee stopped by on his way home and found the couple dead. The windows were closed and the improperly vented gas heater was still going. This is but one example of a type of tragic accident which occurs all too frequently in our homes and apartments. These needless and preventable deaths serve as a cogent reminder of the potential hazards inherent in the use of home gas appliances. In San Francisco the number of deaths from asphyxiation or carbon monoxide poisoning caused by unvented or improperly installed gas heaters remains unnecessarily high, as the following table indicates:

ACCIDENTAL DEATHS DUE TO UTILITY (ILLUMINATING) GAS
SAN FRANCISCO, 1950-1956) (Resident)

	Total	Male	Female
1956	7	4	3
1955	7	5	2
1954	7	4	3
1953	7	5	2
1952	10	7	3
1951	7	7	0

These figures do not include fatalities from carbon monoxide poisoning except when utility gas was the source and exclude suicidal deaths and deaths from fire and explosion. Nevertheless, 45 people (32 males and 13 females) died during this six year period from gas appliances which had been improperly installed and operated.

The Department of Public Health urges all San Francisco to check their gas heaters and observe all necessary precautions in their use. The law requires that they be vented to the outside by connecting to a flue or chimney and all gas appliances must be of an approved type, properly installed by licensed dealers and inspected by this Department. If you suspect a gas heater is not working properly, turn it off and call in a gas appliance expert. Remember, you cannot see or smell carbon monoxide gas. Finally, as the air may become exhausted in a tightly closed room, provide for ventilation by always keeping a window at least slightly open.

STATISTICAL REPORT FOR THE 50th WEEK ENDING DECEMBER 13, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	19	30	2211	995
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	0	12	12
GONORRHEA	15	36	1696	1461
INFECTIOUS HEPATITIS	1	1	37	45
INFLUENZA	13	-	357	15
MEASLES	13	8	786	3007
MUMPS	21	27	993	2004
POLIOMYELITIS	0	2	24	112

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	22	6
SALMONELLOSIS	2	2	77	148
SCARLET FEVER	3	8	222	135
SYPHILIS	7	8	497	365
TUBERCULOSIS	8	12	521	558
TYPHOID FEVER	0	0	1	5
WHOOPING COUGH	3	1	90	62
POLIOMYELITIS (DISEASE YEAR)**				

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

COCCIDIOIDOMYCOSIS	1		
INFLUENZA	1	PNEUMONIA	7
MENINGITIS	2		

	1957	1956
DEATHS RECORDED FOR THE WEEK	991	815
BIRTHS RECORDED FOR THE WEEK	430	339

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.
** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 23, 1957

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SEASON'S GREETINGS

TO ALL OUR FRIENDS

From the Staff of

THE SAN FRANCISCO DEPARTMENT

OF PUBLIC HEALTH.

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STATISTICAL REPORT FOR THE 51st WEEK ENDING DECEMBER 20, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	16	19	2227	1011
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	1	0	13	12
GONORRHEA	59	27	1758	1492
INFECTIOUS HEPATITIS	0	0	37	46
INFLUENZA	13	-	370	15
MEASLES	9	9	795	3016
MUMPS	18	18	1011	2018
POLIOMYELITIS	0	1	23	112

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
INFLUENZA	1
PNEUMONIA	9
TUBERCULOSIS	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	22	6
SALMONELLOSIS	1	2	78	150
SCARLET FEVER	8	3	230	138
SYPHILIS	10	5	507	366
TUBERCULOSIS	12	13	533	572
TYPHOID FEVER	0	0	1	5
WHOOPING COUGH	0	2	90	64
POLIOMYELITIS (DISEASE YEAR)**	-		15	92

	1957	1956
DEATHS RECORDED FOR THE WEEK	214	214
BIRTHS RECORDED FOR THE WEEK	384	338

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 30, 1957

A HAPPY AND HEALTHY NEW YEAR, SAN FRANCISCO!

It appears that our patient, the City and County of San Francisco, is getting along "as well as can be expected". The responsibilities of the Health Department are manifold, but the solution of our public health problems is one that involves the organized effort of the whole community. The efforts of a great many people and organizations are tied together in meeting our public health problems.

We wish to give special thanks to the hundreds of people of San Francisco who work together toward the solution of our health problems. The thousands of hours of service from volunteers at San Francisco Hospital, at Laguna Honda Home, and in our well baby conferences have contributed immeasurably to the physical and emotional health of our people. The thousands of hours contributed by the more than five hundred physicians and dentists who visit patients and care for them in our institutions cannot be evaluated with a dollar sign. The interest and activities of the Health Council of the United Community Fund and its affiliated organizations have been a source of great assistance in pointing up problems and developing a treatment schedule. The editorial board of the County Medical Society monthly bulletin, the publishers and reporters of the newspapers of San Francisco, and staffs of all the radio and television stations, have been a great asset in the education of both professional groups and the general public in the meeting and solving of public health problems in San Francisco.

The careful consideration and cooperation of the various elements of our city government have assisted us in doing a better job, and last, but not least, the devoted services of our 2800 employees have made 1957 a very successful year in public health.

Our main hope is that 1958 will bring us the same degree of interest and cooperation so that San Francisco can continue its upward climb toward optimum health.

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STATISTICAL REPORT FOR THE 52nd WEEK ENDING DECEMBER 27, 1957

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
CHICKENPOX	6	19	2233	1023
DIPHTHERIA	0	0	1	1
EPIDEMIC MENINGITIS	0	0	13	12
GONORRHEA	27	32	1785	1533
INFECTIOUS HEPATITIS	0	0	37	46
INFLUENZA	22	-	392	15
MEASLES	8	12	803	3017
MUMPS	15	16	1026	2027
POLIOMYELITIS	1	1	24	112

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1957 TO DATE	1956 TO DATE
RHEUMATIC FEVER	0	0	22	8
SALMONELLOSIS	3	1	81	151
SCARLET FEVER	6	4	236	139
SYPHILIS	10	5	464	371
TUBERCULOSIS	11	11	544	582
TYPHOID FEVER	0	0	1	5
WHOOPING COUGH	1	0	91	64
POLIOMYELITIS (DISEASE YEAR)**	-		16	92

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	2

	1957	1956
DEATHS RECORDED FOR THE WEEK	195	197
BIRTHS RECORDED FOR THE WEEK	296	339

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 6, 1958

PREPARATION FOR PARENTHOOD

To help prepare prospective mothers and fathers for the important job of parenthood, the San Francisco Department of Public Health conducts classes for expectant parents at various District Health Centers with selected public health nurses as teachers. Physicians from our Bureau of Maternal and Child Health give guidance to the nurses in working out the content of the course and may assist in the teaching of certain subjects. The public health nurses teaching the classes not only are well versed in the subject matter but use modern educational methods of presenting the information so that it is interesting and related to practical needs of the expectant parents. Group discussion as well as lectures, demonstrations such as on formula preparation and sound motion pictures on prenatal care, labor and childbirth, care of the infant, etc., are all employed. Samples of clothing for mother and child are displayed. Subjects covered in the course include nutrition in pregnancy, development of the baby in the mother, hygiene of pregnancy, labor and delivery, taking the baby home, feeding and bathing the baby and understanding the baby in his first year.

Five of our District Health Centers are offering these courses at present and the schedule through June, 1958, is given below. Each course consists of six classes starting at 2 PM on the same day of the week for six consecutive weeks.

HEALTH CENTER	DAY OF WEEK	1st COURSE BEGINS	2nd COURSE BEGINS
Alemany	Wednesday	Jan. 8	Apr. 2
Eureka-Noe	Monday	Jan. 13	Apr. 7
Sunset	Wednesday	Feb. 19	May 14
Marina-Richmond	Friday	Feb. 21	May 9
North-East	Thursday	Mar. 6	May 22

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These classes are in no way a substitute for prenatal care by the private physician, - in fact we believe that attendance at these meetings stimulates parents to obtain continuing guidance by the family physician. Many obstetricians feel that these classes are an excellent augmentation of their prenatal services, filling in gaps in prenatal instruction to which they are unable to devote sufficient time because of their busy office practices. Expectant parents, and physicians wishing to refer patients to these classes may call the Health Department, UNderhill 1-4701, for further information.

STATISTICAL REPORT FOR THE 1st WEEK ENDING JANUARY 3, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	6	37	6	37
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	1	1	0	0
GONORRHEA	33	24	33	29
INFECTIOUS HEPATITIS	0	1	0	0
INFLUENZA	19	-	19	0
MEASLES	8	12	8	6
MUMPS	5	27	5	10
POLIOMYELITIS	0	1	0	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	2	0	0	5
SCARLET FEVER	3	1	1	1
SYPHILIS	12	4	12	2
TUBERCULOSIS	5	11	5	16
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	3	2	3	0
POLIOMYELITIS (DISEASE YEAR)**	-		16	12

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	7
TUBERCULOSIS	3

	1958	1957
DEATHS RECORDED FOR THE WEEK	189	162
BIRTHS RECORDED FOR THE WEEK	384	375

*NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

THE TOTAL NUMBER OF CASES OF SYPHILIS FOR 1957 WAS 570 AND NOT 464 AS REPORTED IN THE WEEKLY BULLETIN FOR DECEMBER 27.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 13, 1958

LEADING CAUSES OF DEATH IN SAN FRANCISCO

		1957 PROVISIONAL	1956 FINAL
1.	Heart Diseases	3610	3663
2.	Cancer	2165	2045
3.	Vascular Lesions of C.N.S.	940	895
4.	Accidents	440	460
5.	Cirrhosis of Liver	385	342
6.	Diseases of Early Infancy	280	294
7.	Pneumonia & Influenza	210	180
8.	Congenital Malformations	190	139
9.	Suicides	185	238
10.	Arteriosclerosis	170	160
11.	Ulcers of Stomach & Duodenum	105	99
12.	Diabetes	100	100
13.	Tuberculosis	70	92

The above table lists the leading causes of death in San Francisco by occurrence, i.e. the figures in both columns have not been corrected for residence. In addition, the figures for 1957 are provisional as all death certificates are not yet available. Since San Francisco is a medical center for northern California with approximately 70% of our physicians practicing as specialists, our hospitals receive many patients who are not residents of San Francisco. This means that the number of deaths for certain conditions such as cancer, congenital malformations and diseases of early infancy will be reduced when finally corrected for residence.

For many years, cardio-vascular renal diseases, conditions associated with aging, have caused more than half the deaths in San Francisco. Cancer, another chronic disease, accounts for about one-fifth of all deaths. Attempts to prevent and control these chronic diseases are thus becoming more important in public health work, especially since such striking gains have been achieved in lessening the death toll formerly levied by tuberculosis and venereal disease, sources of much chronic illness in the past. Of the leading causes of death, accidents are most amenable to preventive measures and concerted and cooperative community effort to reduce these unnecessary deaths is urgently needed.

STATISTICAL REPORT FOR THE 2nd WEEK ENDING JANUARY 10, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	14	54	20	84
DIPHTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	2	0	2	0
GONORRHEA	44	37	77	58
INFECTIOUS HEPATITIS	5	1	5	2
INFLUENZA	20	-	39	0
MEASLES	37	19	45	13
MUMPS	15	35	20	31
POLIOMYELITIS	0	0	0	0

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	4	1	4	5
SCARLET FEVER	8	5	9	6
SYPHILIS	11	7	23	10
TUBERCULOSIS	6	8	11	26
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	1	3	0
POLIOMYELITIS (DISEASE YEAR)**		-	17	93

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	8
TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	236	244
BIRTHS RECORDED FOR THE WEEK	416	452

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

"DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 20, 1958

MATERNAL MORTALITY STUDIES

In 1956 there were five puerperal deaths in San Francisco as compared to three in 1955. This is a relatively low maternal mortality rate, but there still were perhaps five deaths that could have been prevented. Since August 1957 there have been three maternal deaths in San Francisco. These deaths are now being studied by a special regional committee of the California Medical Association in cooperation with the State Department of Public Health and the California Conference of Local Health Officers. This regional committee is one of four such committees which have been appointed by the California Medical Association to determine the causes and preventable factors in maternal mortality. The local committee comprises ten physicians none of whom are in private practice and one public health representative.

The procedure for the study of maternal deaths set up by the California Medical Association is as follows: (1) Each local health department is requested to send to the chairman of the regional maternal mortality study for his area, a photostatic or typewritten copy of all death certificates with any mention of pregnancy that are filed in his department on and after August 1, 1957; (2) Upon notification of a maternal death, the regional study committee will contact the attending physician asking for his cooperation in the study; (3) An obstetrical investigator will be informed of the death by the chairman of the regional committee. Upon receiving permission from the attending physician he will review the hospital record as well as interview the attending physician; (4) Information from the obstetrical investigator and the attending physician will be recorded on special report forms and forwarded to the regional committee for review. Serving on the regional committee will be obstetricians and general practitioners as well as an anesthesiologist, a pathologist and a public health physician; (5) Cases reviewed will be discussed either at meetings limited to physicians (without revealing the identity of the patient, hospital or physician) or at a private meeting with the attending physician; (6) Reports on data obtained statewide will be made periodically.

The confidentiality of this information will be maintained, and the consolidation of data on a statewide basis will constitute the basis for a guide to better prenatal practices, and better hospital and medical management.

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STATISTICAL REPORT FOR THE 3rd WEEK ENDING JANUARY 17, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	14	36	34	159
DIPTHERIA	0	0	0	0
EPIDEMIC MENINGITIS	0	0	1	0
GONORRHEA	43	37	120	108
INFECTIOUS HEPATITIS	4	0	9	2
INFLUENZA	27	-	66	0
MEASLES	53	13	98	22
MUMPS	43	36	63	67
POLIOMYELITIS	0	1	0	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	0	0
SALMONELLOSIS	0	1	4	6
SCARLET FEVER	7	4	16	11
SYPHILIS	8	5	31	25
TUBERCULOSIS	5	12	16	37
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	2	4	1
POLIOMYELITIS (DISEASE YEAR)**		-	16	93

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	12
TUBERCULOSIS	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	258	240
BIRTHS RECORDED FOR THE WEEK	318	375

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JANUARY 27, 1958

CAVEAT EMPTOR!

The large majority of American food, drug and cosmetic manufacturers are producing the safest, cleanest and most informatively labeled items ever available to the public. These labels furnish the consumer all the information he needs to be an intelligent purchaser, to get his money's worth and to protect his health - but as a purchaser, he has a job too, - he must read the label to get that protection.

The labeling on many so-called "health foods" or "dietary supplements" for example, do not always tell the truth. Nutrition quacks frequently quote reliable scientific data in a misleading way and this together with high pressure salesmanship frightens people into a false belief that their diets are deficient in vitamins or minerals. Top flight nutritionists, on the other hand, regard our abundant common foods as the best sources of vitamin and mineral requirements and other essential factors. When in doubt, one's personal physician is in the best position to recognize abnormal conditions which require special vitamins and mineral preparations and will recommend a brand if he is asked to do so.

With drugs, the wild claims made for worthless medicines are much less frequent than they were years ago. Today's medicine frauds are more sophisticated and difficult to detect. Manufacturers are required to indicate on the label for what purpose the medicine is to be taken, how much to take, how often and for how long. They must also warn when the drug is not to be taken. Here too, there are sound medical reasons why one should consult his physician before undertaking to cure himself by medicines or curative devices which in the long run may actually delay diagnosis and make successful cure impossible.

Every year American men and women use tons of toilet preparations and cosmetics. The law forbids any poisonous or harmful substances in cosmetics that may injure the normal user if he follows the directions on the label. An exemption to this ruling are the hair dyes. If a hair dye does contain such a substance the label must warn that the skin of some people may be irritated by the dye and caution that a preliminary test must be made. Some people develop such a sensitivity after months or years of using certain dyes or rinses, hence safety demands that a test be made every time such a dye is used. CAVEAT EMPTOR - let the buyer beware. Read the label - it's your protection.

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STATISTICAL REPORT FOR THE 4th WEEK ENDING JANUARY 24, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	43	48	77	209
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	1	0	2	0
GONORRHEA	38	43	157	151
INFECTIOUS HEPATITIS	1	0	10	2
INFLUENZA	24	-	90	0
MEASLES	36	23	134	35
MUMPS	33	32	96	77
POLIOMYELITIS	0	2	0	1

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	2	0	2	2
SALMONELLOSIS	0	2	4	7
SCARLET FEVER	10	8	26	20
SYPHILIS	10	9	42	38
TUBERCULOSIS	17	11	33	46
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	1	5	1
POLIOMYELITIS (DISEASE YEAR)**	-		16	93

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFLUENZA	3
PNEUMONIA	11
TUBERCULOSIS	3
SYPHILIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	228	219
BIRTHS RECORDED FOR THE WEEK	411	336

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 3, 1958

FOOD HABITS

Aside from satisfying hunger, food furnishes three basic physiological needs; (1) fuel for heat and energy, (2) materials for growth, maintenance and renewal of body tissues and (3) substances regulating and maintaining bodily processes. The intake of proper amounts of carbohydrates, proteins, fats, vitamins and minerals is conducive to a healthy life. Along with the variables of heredity, sequence of disease and mode of living, the chemistry of food within the body is a significant factor in determining length of life. In the last several decades an improvement in family diets has taken place. Increased consumption of milk, meat, poultry, fish and some vegetables and fruits, the development of food processing techniques in the canning and frozen food industries, the enrichment of bread and other products, developments in the marketing of food, nutrition education — all have been factors in the betterment of diets. Improved economic conditions during these decades, moreover, have led to an increase in per capita food expenditure.

But improved eating habits do not necessarily follow increased income. Most of the improvement in diets noted above occurred between the mid-thirties and the early post war period. Between 1948 and 1955, a period of increased family spending for food, large-scale dietary surveys revealed relatively little improvement in the diets of city families.

The fact is, the selection of food and the amount eaten is not always done on a rational basis. We study <u>what</u> people eat but we need better understanding of <u>why</u> people eat the way they do. Eating habits are based on a complex of personal likes and dislikes, psychological attitudes, cultural factors, family eating patterns and economic factors. Each of us has a whole series of reactions, complexes and ideas about food and eating, most of which we are quite unaware. And eating habits, as the word indicates, are fixed by repetition and difficult to change. Each person knows what he likes and the mere fact that he has been told that certain foods are "good for him" has little effect in making him change his ways of eating. Food is laden with emotional significance. It is a symbol of security or social status and may be used to allay anxiety or to relieve boredom. An understanding of these sociocultural and psychological factors is important in nutrition education and may be the key to effect improvement in food habits.

STATISTICAL REPORT FOR THE 5th WEEK ENDING JANUARY 31, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	12	47	89	259
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	1	2	1
GONORRHEA	45	36	202	192
INFECTIOUS HEPATITIS	0	1	9	2
INFLUENZA	26	-	116	1
MEASLES	18	11	152	42
MUMPS	42	28	138	94
POLIOMYELITIS	0	1	0	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	2	3
SALMONELLOSIS	1	1	5	7
SCARLET FEVER	12	6	38	27
SYPHILIS	12	10	54	52
TUBERCULOSIS	11	14	44	55
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	2	3	7	4
POLIOMYELITIS (DISEASE YEAR)**	-		16	93

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 11

	1958	1957
DEATHS RECORDED FOR THE WEEK	204	182
BIRTHS RECORDED FOR THE WEEK	447	472

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 10, 1958

CHILDREN'S DENTAL HEALTH

Good teeth are necessary for proper chewing of food and for clear speech and they affect appearance and social adjustment throughout life. Hence, dental health is important to everyone and yet dental decay is one of the most common diseases of mankind. Over 95% of the population is afflicted with some kind of dental disorder and teeth are decaying faster than dentists can treat them. Since dental disorders have their start in childhood, or even before the child is born, early attention to proper dental health practices will help the child to avoid the dental disease that afflicts today's adult.

With this in mind, the week just ending has been observed as Children's Dental Health Week by the dental profession, community organizations and parents. This focus on the need for improving the dental health of children helps emphasize that means are at hand for insuring that children will grow up relatively free from dental disease. Advertising claims have left many parents perplexed but sound dental health education can guide them to prevention of decay before it starts. Health Authorities agree that there are four basic preventive measures, based on scientific evidence, which will substantially reduce dental disease.

FLUORIDATION - The effectiveness, safety and practicability of fluoridation of public water supplies as a method of preventing dental caries is well established. Scientific studies indicate that this preventive measure will reduce tooth decay by as much as 65%. Over 32 million Americans in over 1500 communities are now receiving fluorited water. As San Francisco started fluoridation in August, 1952, our children have been benefiting from this progressive step for 5½ years.

TOOTHBRUSHING - Teeth should be properly brushed immediately after eating to obtain the maximum benefit in preventing tooth decay. When this is impossible, the mouth should be rinsed with water. It is the brushing away of food that sticks to the teeth that does the work, not the kind of dentrifice.

GOOD FOOD - A well balanced diet builds strong teeth. Reducing the consumption of refined sugars in food and beverages will lessen dental decay.

DENTAL CARE - Periodic examinations by a dentist will reveal cavities and other irregularities and permit their early treatment before they become serious.

STATISTICAL REPORT FOR THE 6th WEEK ENDING FEBRUARY 7, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	26	49	115	330
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	2	1
GONORRHEA	56	28	258	221
INFECTIOUS HEPATITIS	4	0	13	3
INFLUENZA	4	-	120	1
MEASLES	13	33	165	52
MUMPS	61	54	199	114
POLIOMYELITIS	0	0	0	2

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	1	1	3	5
SALMONELLOSIS	1	2	6	9
SCARLET FEVER	9	5	47	30
SYPHILIS	11	10	65	64
TUBERCULOSIS	9	18	53	75
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	1	7	6
POLIOMYELITIS (DISEASE YEAR)**			16	93

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFECTIOUS HEPATITIS	1
PNEUMONIA	8
SYPHILIS	3

	1958	1957
DEATHS RECORDED FOR THE WEEK	213	196
BIRTHS RECORDED FOR THE WEEK	345	394

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, DIRECTOR — FEBRUARY 17, 1958

THE PHYSICIAN AND OUR HEALTH PROBLEMS

Last month we reported in this Bulletin on the leading causes of death in San Francisco. The figures presented there indicate that infectious and bacterial diseases are diminishing in importance and chronic and degenerative diseases are an increasing factor in the changing picture of health problems. This re-emphasizes the point that the responsibilities of the medical profession and of all health services must be focused on the chronic or degenerative diseases, on mental health and on environmental and social factors affecting the health of our citizens.

San Francisco's physicians recognize the necessity for the application of a broad spectrum of community services as a part of their armamentarium for the diagnosis, treatment and management of the illnesses of their patients. This is reflected in the results of a questionnaire from the Health Council of San Francisco's United Community Fund. Of the physicians answering the questionnaire, 46% cited alcoholism as an illness "where there appears to be the greatest unmet need for services or facilities in San Francisco". Over one-third stated that the same deficiencies existed for "other mental illness or emotional disturbances". Over 25% stated that there were needs for services for the management of "paralytic conditions including those resulting from strokes". One-half of the doctors said services were needed for patients suffering from cancer; one-sixth cited arthritis and rheumatism, and one-eighth mental retardation.

Such things as housekeeping services, residential treatment of the emotionally disturbed child, social and recreational opportunities for the aged, selective placement in private employment or sheltered workshops, psychological testing and counseling, case work services, occupational therapy, etc. -- all these needs for the care of the sick have been indicated by practicing physicians. This calls for the cooperative endeavor of the official and voluntary health and social agencies, the medical profession and the other health resources in San Francisco. With the rising cost of hospital and medical care, we must investigate further methods for the care of the chronically ill in a home setting as well as in an institutional setting. We must emphasize a cooperative educational program which will motivate early diagnosis of physical and emotional disturbances. We must continue to develop rehabilitation services to enable disabled persons to live the fullest lives, physically, emotionally and socially, commensurate with their disabilities.

STATISTICAL REPORT FOR THE 7th WEEK ENDING FEBRUARY 14, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	44	61	159	386
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	1	0	3	1
GONORRHEA	42	34	300	258
INFECTIOUS HEPATITIS	0	1	13	5
INFLUENZA	6	-	126	1
MEASLES	19	33	184	69
MUMPS	38	46	237	132
POLIOMYELITIS	0	1	0	3

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	1	3	6
SALMONELLOSIS	0	1	6	10
SCARLET FEVER	6	8	53	35
SYPHILIS	16	11	81	80
TUBERCULOSIS	12	13	65	88
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	0	8	6
POLIOMYELITIS (DISEASE YEAR)**		-	16	93

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
TUBERCULOSIS	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	202	188
BIRTHS RECORDED FOR THE WEEK	372	371

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — FEBRUARY 24, 1958

FEBRUARY IS HEART MONTH

Diseases of the heart and blood vessels still constitute the leading causes of death and of disabling illness in the United States. The apparent increase in the disease over the past fifty years is attributable largely to the rising percentage of older persons in the population and since our aging population will continue to expand, a continuing increase in the number of cardiovascular cases is inevitable. However, even after their onset, prevention of disability and premature death is possible in many instances. One would have scarcely believed fifty years ago that we might one day think in terms of preventing or curing these diseases. This accomplished goal is still far off, but the advances already made, in repairing defective or damaged hearts, in conquering several important forms of cardiovascular disease and in treating others, in suggesting ways to prevent some congenital defects, in making possible a major reduction in rheumatic fever, have brought about a transition - from fatalism to hope - in the public's attitude toward these complex diseases.

The major hope for reducing premature death and disability from heart disease lies in scientific research and only through research can prevention, the ultimate goal be reached. Much of the public's interest and desire to do something about the problem of cardiovascular diseases has stemmed from the dramatic advances resulting from such research over the past years. Much of it too, has stemmed from health education based on the hopeful concept that something can be done about heart disease. Such health education helps to make people better informed so that on the one hand they will accept responsibility for seeking medical aid, and on the other, will join in community efforts to develop community facilities and services required for heart patients.

Without such public awareness of the problem, and without public readiness to assume financial responsibility for research, preventive medicine cannot reach its full potential. Nor can physicians tackle single-handed the innumerable social, economic and personal complications which heart disease brings in its wake for the average patient. Team work and partnership of community leaders, official and voluntary agencies and the medical profession are required.

STATISTICAL REPORT FOR THE 8th WEEK ENDING FEBRUARY 21, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	45	52	204	431
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	3	2
GONORRHEA	35	30	335	284
INFECTIOUS HEPATITIS	2	0	15	5
INFLUENZA	6	-	132	1
MEASLES	33	34	217	103
MUMPS	54	28	291	160
POLIOMYELITIS	0	0	0	4

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	3	6
SALMONELLOSIS	0	1	6	11
SCARLET FEVER	6	7	59	38
SYPHILIS	5	7	86	85
TUBERCULOSIS	15	13	80	104
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	1	9	7
POLIOMYELITIS (DISEASE YEAR)**		-	16	93

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	7
TUBERCULOSIS	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	213	193
BIRTHS RECORDED FOR THE WEEK	381	253

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

"DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 3, 1958

FLUORIDATION RECEIVES NEW SUPPORT

The case for fluoridation has been proved for years and no case against it has been made anywhere that convinces any of the top medical or dental organizations in this country or elsewhere. The conclusions of the following two recent important reports are additional evidence of the scientific support in favor of this wise measure. After a study of hundreds of controlled fluoridation programs in 17 countries, the Expert Committee on Water Fluoridation, of the World Health Organization, which met in Geneva in September 1957 reported that:

> "The effectiveness, safety and practicability of fluoridation as a means of preventing dental caries, one of the most prevalent and widespread diseases in the world, is now established."

In accordance with a resolution adopted by the American Medical Association's House of Delegates at the Seattle Clinical Meeting in 1956, the Council on Foods and Nutrition and the Council on Drugs were directed to conduct a joint study of all presently available information governing the fluoridation of public water supplies. This study which comprised a 27 page joint report concluded that:

> "Fluoridation of public water supplies should be regarded as a prophylactic measure for reducing tooth decay at the community level and is applicable where the water supply contains less than the equivalent of one part per million in fluorine."

This report was the submitted to the House of Delegates, the A.M.A.'s policy making body in December 1957 which after five hours of committee hearings and floor discussion adopted the report and voted to take a policy stand that:

> "Fluoridation of public water supplies is a safe and practical method of reducing the incidence of caries among children."

Water fluoridation is not a panacea. It cannot take the place of a good balanced diet. It can do nothing for the cavities and dental disfigurements people already have, nor should it ever be regarded as a substitute for keeping teeth clean or for periodic care by a good dentist. But without fluoridation, these precautions are generally limited in their constructive effects. San Francisco took the initial step toward fluoridating the city's water supply in 1952 and completed it in July, 1955. We are already reaping and will continue to reap the cumulative benefits of this inexpensive, safe and effective procedure in the reduction of dental caries in our younger generation, which will be carried throughout their entire lives.

STATISTICAL REPORT FOR THE 9th WEEK ENDING FEBRUARY 28, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	45	74	249	492
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	3	2
GONORRHEA	51	28	386	318
INFECTIOUS HEPATITIS	1	0	16	6
INFLUENZA	4	-	136	2
MEASLES	24	25	241	115
MUMPS	71	41	362	183
POLIOMYELITIS	0	1	0	5

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	1	3	6
SALMONELLOSIS	0	1	6	13
SCARLET FEVER	9	7	68	40
SYPHILIS	26	6	112	100
TUBERCULOSIS	14	16	94	112
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	2	1	11	8
POLIOMYELITIS (DISEASE YEAR)**		-	16	97

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	8
TUBERCULOSIS	3

	1958	1957
DEATHS RECORDED FOR THE WEEK	210	215
BIRTHS RECORDED FOR THE WEEK	502	429

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

DOCUMENTS DEPT. MAR 1958

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 10, 1958

CIRRHOSIS OF THE LIVER

Cirrhosis of the liver which is the tenth cause of death nationally and eighth statewide, is the fifth biggest killer in San Francisco, being exceeded only by accidents, cerebral hemorrhages, cancer and heart disease, in that inverse order. The mortality from cirrhosis is largely concentrated in the middle and later years, with males having a higher death rate than females and with roughly half the cases in San Francisco being alcohol induced. Geographically, the rates tend to be highest in the eastern industrial states and in California and lowest in the South and Southwest. These variations undoubtedly reflect in part, differences in the age composition of the population and in the accuracy of diagnosis and reporting of the causes of death. In recent years the recorded death rate from cirrhosis in our country has been increasing. This may be due to improved methods of diagnosis and hence more frequent reporting of the disease but it may also reflect the effect of increased frequency of exposure to the various causative agents.

The major contributing factors in the causation of cirrhosis in the United States are thought to be certain types of dietary deficiencies, chronic alcoholism, bile duct disease, chemical toxins and infections, with alcoholism contributing the largest number of patients. The role of alcohol as a factor in the cause of the disease appears only in the case of chronic alcoholism and the part it plays is restricted almost entirely to nutritional disturbances. The alcoholic's physical problems are due mainly to malnutrition through neglect of proper foods in favor of alcohol, resulting in a diet which is deficient in proteins, minerals and vitamins and thus predisposing to cirrhosis. Among the chronic alcoholics who do not show signs of nutritional disease, 75-80% show various other disturbances of health such as overweight which adversely affects the mortality from cirrhosis.

The control of cirrhosis depends primarily on preventive measures such as adequate nutrition, moderation in the use of alcohol, preventive or adequate therapy of damaging infections, avoidance of overexposure to toxic agents and maintenance of body weight at desirable levels. Current methods of treatment are effective in mild and moderate cirrhosis, but further research is needed to develop adequate therapy for the advanced stages.

STATISTICAL REPORT FOR THE 10th WEEK ENDING MARCH 7, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	37	81	286	573
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	3	2
GONORRHEA	44	32	430	338
INFECTIOUS HEPATITIS	3	1	19	7
INFLUENZA	6	-	142	4
MEASLES	69	48	310	154
MUMPS	24	62	386	216
POLIOMYELITIS	0	1	0	6

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	3	6
SALMONELLOSIS	1	2	7	16
SCARLET FEVER	7	4	75	43
SYPHILIS	12	8	124	109
TUBERCULOSIS	15	13	109	118
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	4	1	15	8
POLIOMYELITIS (DISEASE YEAR)**	-		16	98

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
SYPHILIS	1
TUBERCULOSIS	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	204	194
BIRTHS RECORDED FOR THE WEEK	343	412

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** DISEASE YEAR BEGINS ON APRIL 1st.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MARCH 17, 1958

DO IT NOW!

San Francisco's poliomyelitis record this year has been gratifying with very few cases of the disease appearing locally and no paralytic occurrences among those who have received the series of three polio shots. It must be kept in mind, however, that while the vaccine prevents paralytic polio from occurring, it does not eliminate the polio viruses that cause the disease. These viruses remain in circulation in the population and are passed from person to person by thousands of carriers. And while polio is commonly thought of as a disease affecting children, it strikes adults to a substantial degree as well, which is borne out by the fact that of the fourteen deaths from polio in California since April 1, all in unvaccinated persons, twelve were young adults and two were children under five years of age. Thus the many San Franciscans forty years of age and under who have neglected to complete the series of three inoculations against polio are needlessly exposing themselves to a tragedy which can occur anywhere this summer and fall, our high incidence period.

To get the full benefit of the vaccine, those individuals who have not started their series of polio immunizations should see their family doctor as soon as possible, as it takes seven to eight months to complete the three injections needed for full protection. The second polio shot is given approximately one month after the first injection, followed by the third or booster shot at least seven months later. This booster shot is important since it raises the individual's resistance to polio appreciably.

With its polio program drawing to a close, the Health Department's vaccination clinic is now providing third injections only - no first or second inoculations being given. The clinic is held at 101 Grove Street, from 8 a.m. to 12 noon on the fourth Friday of the month - March 28, April 25 and May 23, the last mentioned being the final public polio clinic. However, vaccinations against polio will be continued as a normal part of the Health Department's general immunization program for those children registered in Child Health Conferences held at the various District Health Centers. Other individuals who have not done so, are urged to consult with their family doctor now to insure their immunity against this crippling disease.

STATISTICAL REPORT FOR THE 11th WEEK ENDING MARCH 14, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	69	81	355	684
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	2	3	4
GONORRHEA	38	41	468	362
INFECTIOUS HEPATITIS	0	1	19	8
INFLUENZA	0	-	142	4
MEASLES	37	40	347	178
MUMPS	53	53	439	248
POLIOMYELITIS	0	1	0	7

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	3	6
SALMONELLOSIS	1	2	8	17
SCARLET FEVER	15	7	90	47
SYPHILIS	15	10	139	124
TUBERCULOSIS	9	9	118	127
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	1	15	9
POLIOMYELITIS (DISEASE YEAR)**		-	16	98

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 6

	1958	1957
DEATHS RECORDED FOR THE WEEK	204	207
BIRTHS RECORDED FOR THE WEEK	450	399

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MARCH 24, 1958

REPORTING VENEREAL DISEASE

Deaths from communicable diseases have diminished to a point where they are almost a rarity and cases of communicable diseases that have any significance are generally on the decrease. The only exception is venereal disease which, as far as incidence is concerned, has been on the increase during the past three years; from a numerical point of view, it exceeds any other single disease, including chickenpox. In other words, with the exception of the so-called diseases of childhood taken as a group, venereal disease constitutes the majority of all reported communicable diseases.

Accurate reporting of syphilis and gonorrhea has more than just theoretical value to the Health Department. Besides giving an over-all reflection of disease incidence, particular information, such as the age of the infected, pinpoints certain problems. Excessively high rates in the teenager, a problem that has developed in other communities, have fostered corrective, educational and other measures directed toward this group. The address of the infected patient can indicate localized areas where case-finding programs can best be directed.

Perhaps the greatest deterrent in the reporting of the venereal diseases is a lack of awareness of the true confidentiality of the report. Knowing that most venereal disease is contacted as a result of a misdemeanor and/or felony, state law and local application must guarantee the confidentiality of all their venereal disease records, including the report of a case, if it is going to secure physician and patient cooperation for its control. In San Francisco, this responsibility is maintained absolutely. There are many persons and agencies, private and governmental, who can attest to this.

Syphilis is a chronic disease which may be followed by different physicians over a period of years. Not knowing if the case had been previously reported, one or more of the physicians may submit reports. All reports of syphilis are checked to avoid such duplications, and if previously reported, the new report is destroyed. This can only be accomplished if we have an accurate identification of the patient, otherwise we may show a false higher incidence of the disease.

STATISTICAL REPORT FOR THE 12th WEEK ENDING MARCH 21, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	28	109	383	782	RHEUMATIC FEVER	0	2	3	6
DIPHTHERIA	0	0	0	0	SALMONELLOSIS	1	2	9	18
EPIDEMIC MENINGITIS	1	0	4	4	SCARLET FEVER	16	8	106	53
GONORRHEA	46	33	514	389	SYPHILIS	5	9	144	140
INFECTIOUS HEPATITIS	1	1	20	9	TUBERCULOSIS	7	9	125	134
INFLUENZA	10	-	152	4	TYPHOID FEVER	0	0	0	0
MEASLES	70	66	417	198	WHOOPING COUGH	0	1	15	10
MUMPS	46	46	485	275					
POLIOMYELITIS	1	0	1	7	POLIOMYELITIS (DISEASE YEAR)**		-	17	99

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

			1958	1957
PNEUMONIA	3	DEATHS RECORDED FOR THE WEEK	205	206
TUBERCULOSIS	1	BIRTHS RECORDED FOR THE WEEK	304	383

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — March 31, 1958

HOME ACCIDENTS ARE PREVENTABLE

Progress has been made in industrial safety and traffic safety but all too frequently accidents in and about the home result in needless deaths and crippling disabilities. Provisional 1957 figures on accidental deaths in San Francisco reveal that there were 84 traffic fatalities, 16 in industry and 190 deaths from home accidents. For the past ten years (1948-1957) traffic deaths have totaled 746 while 2,155 San Franciscans have died from accidents in the home. It seems apparent that the home is more hazardous to life and limb than our traffic congested streets. Although some people are fatalistic in their attitude toward accidents and feel that they "just happen", researchers into the causes of accidents have estimated that at least 85% are preventable. Certainly one can see that parents can do something — turn pot handles in and exercise closer supervision, for example - to prevent youngsters from pulling hot liquids over themselves, a frequent accident occurring to young children. Again parents can take measures (if they realize the danger and know what to do) to prevent children swallowing overdoses of medicines, particularly aspirin. And accidental falls, the most common type of home accident for both children and adults can often be prevented by changing environmental conditions or personal activities.

With the recognition that something can be done to prevent the heavy home accident toll, the problem remains of how to employ effective methods to bring this about. While much needs to be learned regarding the techniques of home accident prevention, there are certain professional people who by the nature of their work are in a strategic position to encourage safety habits. Teachers incorporate safety education into the curriculum, and the first safety workshop for elementary school teachers to be conducted by San Francisco State College this June should be of assistance to those who attend. Professional people whose work takes them into the home have an unique opportunity to employ educational methods to help bring about a safe environment and safe practices in the home. To further awareness of the problem and the techniques to be employed, the San Francisco Health Department is conducting a staff training program in April for doctors, public health nurses, sanitary inspectors and other key personnel to help them focus on integrating safety teaching into their everyday home and inspectional visits and other contacts with the public.

But, in the final analysis, parents who control the environment in which home accidents occur, or other adults to whom home accidents "happen" are the first line of defense — and offense.

STATISTICAL REPORT FOR THE 13th WEEK ENDING MARCH 28, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	66	95	449	880	RHEUMATIC FEVER	0	1	3	6
DIPHTHERIA	0	0	0	1	SALMONELLOSIS	0	4	9	18
EPIDEMIC MENINGITIS	0	0	4	4	SCARLET FEVER	9	6	114	58
GONORRHEA	27	29	541	430	SYPHILIS	9	11	153	151
INFECTIOUS HEPATITIS	1	1	21	9	TUBERCULOSIS	10	19	134	140
INFLUENZA	4	-	156	4	TYPHOID FEVER	0	0	0	0
MEASLES	90	76	507	218	WHOOPING COUGH	0	1	15	10
MUMPS	44	56	529	314					
POLIOMYELITIS	0	0	1	8	POLIOMYELITIS (DISEASE YEAR)**		-	17	99

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

CHICKENPOX ENCEPHALITIS	1	SYPHILIS	2
MENINGITIS	1	TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	201	204
BIRTHS RECORDED FOR THE WEEK	395	405

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 7, 1958

PREVENTION OF BLINDNESS

In the past, little was known of the extent of the blindness problem in California, the relative importance of the various causes of blindness and ways of developing preventive programs including professional and public education. The Prevention of Blindness Project of the State Department of Public Health is currently conducting studies along these lines so that public health programs can be developed to curtail the preventable loss of sight. They estimate that there are now between 25 and 26 thousand blind persons in California. Cataract is the disease producing the most cases of adult blindness, accounting for 26%. Glaucoma is the second most important disease causing 14% of adult blindness. Great strides have been made in reducing blindness from syphilis, gonorrhea, and recently, from the administration of excessive oxygen to premature babies which resulted in retrolental fibroplasia. A great many other cases of blindness can be prevented such as those arising from undetected glaucoma, dimness of vision, accidents and those arising from infections.

Blindness from glaucoma can be prevented if the condition is diagnosed early and treatment begun. It is well established through mass screening techniques that of all people over 40 years of age, approximately 2% have undetected glaucoma. If we apply this percentage to the San Francisco estimated population over 40, some 6,768 of our citizens have undetected glaucoma. Glaucoma is a condition of increased fluid pressure within the eye. If this pressure is not reduced it will, in time, destroy the function of the retina and optic nerve. The severe pain associated with the acute type of glaucoma prompts a quick visit to a doctor. However, chronic glaucoma, which is far more prevalent than the acute type, is an insidious condition without pain characterized by a gradual loss of the outer fields of vision, which is not noticed by the victim until it is far advanced. These are the cases which go undetected and can progress to blindness if not controlled by medication or surgery. As there are not enough ophthalmologists to screen the population, other physicians have a responsibility in the medical supervision of their patients over 40 to consider the possibility of undetected glaucoma and may refer their patients to an ophthalmologist for further study. It is strongly recommended that everyone over 40 years of age secure an eye examination, including testing for fluid pressure, as a part of his periodic physical examination.

STATISTICAL REPORT FOR THE 14th WEEK ENDING APRIL 4, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	33	91	482	962
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	4
GONORRHEA	36	31	577	462
INFECTIOUS HEPATITIS	1	1	22	10
INFLUENZA	6	-	162	4
MEASLES	64	66	571	244
MUMPS	26	51	555	348
POLIOMYELITIS	0	0	1	9

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	3	6
SALMONELLOSIS	0	1	9	20
SCARLET FEVER	9	7	123	70
SYPHILIS	7	6	160	162
TUBERCULOSIS	13	14	147	148
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	0	16	13
POLIOMYELITIS (DISEASE YEAR)**		-	0	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 7

	1958	1957
DEATHS RECORDED FOR THE WEEK	335	334
BIRTHS RECORDED FOR THE WEEK	312	360

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 14, 1958

THE TIME IS NOW - THE PERSON IS YOU

In spite of all that is being done to prevent it, cancer is becoming a bigger problem every year. In the past thirty years, this disease has advanced from sixth to second place as a cause of death in the United States, and is responsible for more than 200,000 deaths a year. Like heart disease it is primarily a disease that strikes middle-aged and older people. This doesn't mean that younger people don't die of cancer, too. They do. But the death rate rises sharply after 45. As the population is getting older, it is also riper for cancer. It follows that unless research reveals a more successful cure, or more people act earlier to use the means we now have at our disposal for diagnosis and cure, the cancer death rate will continue to rise.

What are these means we have at our disposal? Knowledge of the signs and symptoms of cancer and the annual physical checkup. But knowledge is not enough. It is of no avail to know the danger signals which may mean cancer and yet to fail to seek the doctor's attention when one appears. It is of small use to be aware that lung and other forms of cancer may be detected in the silent stage when there is best hope of cure and still to neglect the periodic checkup and X-ray.

The rule that does save countless cancer victims and that could save countless more is "GET IT EARLY!" Yet without periodic examinations, this is hard to do in cancer, since first symptoms often come some time after the disease has gotten a start. Pain may not appear until much later in most cancer. The only way to be on the safe side is to go at regular intervals (say during the month your birthday occurs) for a complete checkup - without waiting for suspicious symptoms. In between regular physical examinations, if any of the cancer danger signals appear, see your doctor immediately. He may be able to tell you what your trouble is right away. Probably it won't be cancer. Remember that in cancer every day's delay lessens your chances. April is Cancer Month - why not make an appointment with your doctor now for a physical checkup?

STATISTICAL REPORT FOR THE 15th WEEK ENDING APRIL 11, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	39	104	521	1092
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	4
GONORRHEA	31	18	608	503
INFECTIOUS HEPATITIS	2	1	24	11
INFLUENZA	3	-	165	4
MEASLES	57	67	628	260
MUMPS	22	34	577	382
POLIOMYELITIS	0	0	1	9

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	1	0	4	6
SALMONELLOSIS	0	1	9	20
SCARLET FEVER	4	4	127	74
SYPHILIS	11	12	171	174
TUBERCULOSIS	13	9	160	155
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	1	2	17	16
POLIOMYELITIS (DISEASE YEAR)**		-	0	1

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

INFECTIOUS HEPATITIS	1
INFLUENZA	1
PNEUMONIA	5

	1958	1957
DEATHS RECORDED FOR THE WEEK	165	[illegible]
BIRTHS RECORDED FOR THE WEEK	365	335

* NORMAL EXPECTANCY BASED ON A FIVE YEAR-MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — APRIL 21, 1958

THE SIXTH YEAR MOLARS

As a child approaches the age of five years, the characteristic spaces which appear between the teeth indicate that the jaw is growing to provide room for the larger permanent teeth which will soon break through. The first and most important of these teeth to erupt are the first permanent molars, which more than any other teeth, are the keystones of the dental arch. They help to hold the jaws in proper alignment and influence the position of the remainder of the permanent teeth while the primary teeth are being shed. If one of these first permanent molars is lost and not properly replaced, almost every tooth on the same side of the mouth will be forced out of alignment, resulting in malocclusions and unsightly appearance.

It is the considered opinion of many leading dental authorities that a child's dental care program fails to the degree that these four important teeth in the mouth are lost, and succeeds to the extent that these same teeth are maintained in a healthy condition. Yet dental surveys indicate that the four sixth year molars are sadly neglected during the early school years because they are mistaken for belated primary teeth by many parents who feel that because "baby" teeth fall out anyway, they do not deserve any care. It is not surprising therefore that ninety percent of the permanent teeth extracted before the fourteenth year are these same permanent molars.

During the child's younger years, the responsibility for providing proper dental care and for effectively using all the preventive dental help available lies with the parents. This need for placing the child under dental supervision early is clearly indicated by the fact that California surveys show that the seven year old child averages almost five decayed primary or baby teeth and almost two permanent teeth decayed. Although San Franciscans are beginning to reap the benefits of fluoridation of our water supply, the anticipated reduction in dental caries will not exceed two-thirds. Dental caries can be controlled and the premature loss of deciduous and permanent teeth be prevented only when the dentist is consulted early and regularly. Proper attention to teeth in childhood pays the most striking dividends in terms of life-long dental health. It is only by this means that the child can avoid becoming the dental cripple seen far too often among young people today.

STATISTICAL REPORT FOR THE 16th WEEK ENDING APRIL 18, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	65	70	586	1162
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	4
GONORRHEA	28	28	636	531
INFECTIOUS HEPATITIS	0	0	24	13
INFLUENZA	0	-	165	4
MEASLES	99	85	727	239
MUMPS	50	46	627	416
POLIOMYELITIS	0	1	1	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	4	6
SALMONELLOSIS	1	2	10	22
SCARLET FEVER	19	4	146	84
SYPHILIS	18	10	189	192
TUBERCULOSIS	7	16	167	168
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	0	17	16
POLIOMYELITIS (DISEASE YEAR)**		-	0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	5
SYPHILIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	[illegible]	[illegible]
BIRTHS RECORDED FOR THE WEEK	487	398

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR APRIL 28, 1958

THE "NEW LOOK" IN MENTAL HEALTH

The recognition of the whole impact of emotional growth and development on both individual living as well as family and community life, has been pointed up from time to time in various Weekly Bulletins. Our high rates of alcoholism and suicides and a strikingly high rate of admissions to state mental facilities all attest to the dimensions of the mental health problem that confronts San Franciscans. It is worthwhile to note during Mental Health Week this year that now at long last we have at hand legislation which will provide the foundation of a "new look" in mental health by giving back to the community the means whereby it can provide prompt diagnosis and adequate treatment of "early" mental cases in the community's own general hospitals instead of relegating them into the hands of strange and uncomfortably distant hospitals.

Under the terms of the new Community Mental Health Services ordinance, San Francisco (with the State sharing the cost on a 50-50 basis) will be authorized to maintain or to establish the following services; (a) Psychiatric clinic treatment of mental illness before hospitalization is necessary, or following hospitalization; (b) Psychiatric treatment in general hospitals; (c) Rehabilitation services for patients convalescing from mental illnesses; (d) Information and education services to the public, to schools, courts, appropriate public or private agencies and professional groups; and (e) Psychiatric consultant services to coordinate the efforts of public or private agencies and make possible the early detection of mental illness. Anyone unable to obtain private care is eligible for services (a), (b) and (c), and fees are based on ability to pay, such fees never to exceed the actual cost.

Underlying the entire philosophy of this new program is the premise that emotional disturbances must be diagnosed and treated early in order to prevent the development of more severe mental illness, with the further recognition that; (1) mental illness is a disease which should be treated as bodily diseases are treated, in hospitals where recognized medical staffs are available; (2) Many mental illnesses do not require custodial confinement but may be adequately treated in the patient's own community; and (3) By maintaining family, social and economic ties, a more hopeful prognosis may be developed for victims of mental illness and mental retardation. Where such short-term treatment is appropriate, the patient is saved the tribulations of confinement in a distant state hospital and the state is saved the expense of building, staffing and maintaining large mental hospitals. Thus the program, once established, will redound to the benefit of everyone, whether they are patients or taxpayers.

STATISTICAL REPORT FOR THE 17th WEEK ENDING APRIL 25, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	48	59	634	1248
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	23	34	659	582
INFECTIOUS HEPATITIS	2	1	26	13
INFLUENZA	1	-	166	4
MEASLES	115	144	842	326
MUMPS	47	77	674	441
POLIOMYELITIS	0	0	1	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	4	6
SALMONELLOSIS	2	1	12	23
SCARLET FEVER	5	6	151	89
SYPHILIS	13	11	202	207
TUBERCULOSIS	5	17	172	179
TYPHOID FEVER	0	0	0	0
WHOOPING COUGH	0	3	17	16
POLIOMYELITIS (DISEASE YEAR)**		-	0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 3

	1958	1957
DEATHS RECORDED FOR THE WEEK	190	201
BIRTHS RECORDED FOR THE WEEK	402	424

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 5, 1958

A COMMUNITY FAIR

The Hunters Point and Bayview Community Fair, representing an organised community endeavor, will be held this year on Sunday, May 18, from 12 noon to 6 P.M. at the Hunters Point Recreation Center, 1 Kiska Road. The Fair is designed to bring before the people of the Hunters Point and Bayview areas a graphic display of facilities, services and opportunities provided by public and private agencies serving the community, with Health, Education, Recreation and Welfare being the particular points of emphasis. The Fair is being sponsored by the Hunters Point Committee whose chairman is from the United Community Fund. Many community agencies and organizations are cooperating in the Fair and will have demonstrations and exhibits on display.

Because of its long association with the Hunters Point and Bayview communities and their health problems, the Health Department and its Hunters Point Health Center has a vital interest in this Fair and this year will focus its attention on dental health. Although dental ailments are not peculiar to any one area or restricted to any one age, sex or economic status, it is felt that dental problems are a responsibility of the community as well as of the individual. Hence a better appreciation of this responsibility might be gained if information is made available and the efficacy of preventive measures pointed out.

In addition to the educational values which this Fair will have, it is hoped that because the residents of the communities involved are operating the Fair, it will also serve to build up relationships and improve cooperation among groups within the communities. The successful Health Fair which was held at Hunters Point last year had wide interest and attracted people from all over San Francisco. It served to focus attention on this community and to stimulate its residents to a wholesome pride in their community and a desire to do something about its needs. This year's Fair will serve as a "booster" shot toward these same ends.

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STATISTICAL REPORT FOR THE 18th WEEK ENDING MAY 2, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	37	91	671	1339
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	34	32	693	629
INFECTIOUS HEPATITIS	2	0	29	13
INFLUENZA	0	-	166	4
MEASLES	106	140	948	351
MUMPS	30	45	704	470
POLIOMYELITIS	0	1	1	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	2	0	6	6
SALMONELLOSIS	0	1	12	26
SCARLET FEVER	6	9	157	98
SYPHILIS	20	7	222	219
TUBERCULOSIS	10	13	180	186
TYPHOID FEVER	1	0	1	0
WHOOPING COUGH	2	3	19	17
POLIOMYELITIS (DISEASE YEAR)**		-	0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	9
SYPHILIS	2
TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	174	185
BIRTHS RECORDED FOR THE WEEK	350	402

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

"DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — MAY 12, 1958

THE BURNT CHILD

Approximately thirteen hundred children under five years of age die in agony each year as a result of accidents involving fire. Though exact figures are not available, it is estimated that many thousands more are permanently crippled or seriously disfigured from burns each year in accidents which because they occur in and about the home are considered to be almost entirely preventable. Thanks to the great strides being made in the treatment of initial burn shock and therapy, about fifty to sixty percent of these burned children survive, though many of them face months of anguish, expensive hospitalization and painful surgery and present an ever increasing problem of care, handicap and disability.

Contrary to a commonly accepted opinion, burns in children are not restricted to occupants of substandard housing, overcrowded homes or to those subject to low socio-economic conditions, but occur to children in better homes as well. In one study that has been made of accidents due to burns, the following were listed as the five main causes in their order of priority; (1) Ignition of clothing; (2) Direct contact with flame, hot ashes and hot stoves; (3) Gasoline or kerosene; (4) Hot liquids such as water or grease and (5) Miscellaneous causes, e.g., electrical appliances and wiring.

Since the majority of accidents due to burns occur to children in the home area, it is tragic that so little is done toward making parents aware of their responsibilities in this regard. No parent would care to see his child scarred or maimed for life. Yet the short-sighted and even casual attitude on the part of many parents toward potential hazards would seem to indicate a reliance on intelligence far beyond the child's years. Preventive measures must include both protection and education. Children should be protected by keeping them away from the kitchen stove, matches, cigarettes and cigarette lighters, incinerators, heaters and floor furnaces. Parents should turn pot handles in and place hot dishes in the center of the table to prevent small children from pulling hot substances over on themselves. By the time a child is two years old education can begin. While he is still being protected against major hazards, he can be educated to know the meaning of "hot" and learn respect for fire through harmless experience.

STATISTICAL REPORT FOR THE 19th WEEK ENDING MAY 9, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	40	94	711	1444
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	26	30	719	659
INFECTIOUS HEPATITIS	0	1	29	15
INFLUENZA	2	-	168	4
MEASLES	78	201	1026	389
MUMPS	32	58	736	528
POLIOMYELITIS	0	2	1	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	6	7
SALMONELLOSIS	1	1	13	31
SCARLET FEVER	5	4	162	102
SYPHILIS	13	5	235	224
TUBERCULOSIS	27	12	206	192
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	1	2	20	17
POLIOMYELITIS (DISEASE YEAR)**		-	0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
POLIOMYELITIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	187	163
BIRTHS RECORDED FOR THE WEEK	364	448

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 19, 1958

A REPORT ON POLIO VACCINATION

The poliomyelitis vaccination program conducted by the San Francisco Department of Public Health draws to a close this month. Since the beginning of the program 3 years ago, 291,405 inoculations have been given by this Department using the public-purchased Salk vaccine. This vaccine supply is just about exhausted. During this same period, private physicians in San Francisco have been immunizing their patients with vaccine obtained through private channels and it is estimated that approximately the same number of inoculations have been given by them as through the Health Department clinics.

As the vaccine was in short supply the public program was begun in the schools in April, 1955 with vaccination of 6-8 year old children followed by third or booster injections in December, 1955. A total of 27,000 separate injections were given in this school program. With an increase in the vaccine supply, children from 6 months through 19 years of age and pregnant women received 78,000 inoculations at Health Department facilities in 1956. In 1957 the eligible age group was extended through 40 years of age and 164,000 inoculations were given. Finally, 22,000 follow-up injections (2nd or 3rd "shots") have been given to date in 1958 to those 40 years and under.

It should be remembered that the total inoculation figure of 291,405 does not represent individuals who have completed the course of three inoculations but only the number of separate inoculations given. Of this number, 128,038 were first injections, 109,463 were second injections and 53,904 third injections. While 86% of the individuals who got the first injection returned for the second, only 42% completed the series by getting the third injection. Our records show the immunization level of children (age group 0-14) is much better than for the group 15-40. Teenagers and adults under 40 are susceptible to polio too and all persons who have not completed the series of 3 injections should <u>see their doctors now.</u>

NOTE: THE HEALTH DEPARTMENT WILL HOLD ITS FINAL POLIO VACCINATION CLINIC ON FRIDAY, MAY 23, FROM 8 A.M. TO 12 NOON AT THE PUBLIC HEALTH BUILDING, 101 GROVE STREET. ONLY THIRD INJECTIONS WILL BE GIVEN. CHILDREN OVER 6 MONTHS OF AGE AND ADULTS 40 YEARS OF AGE AND UNDER ARE ELIGIBLE. THIS DEPARTMENT WILL CONTINUE TO PROVIDE VACCINATION AGAINST POLIO AS A PART OF ITS GENERAL IMMUNIZATION SERVICES AT CHILD HEALTH CONFERENCES AND THE SAN FRANCISCO HOSPITAL PRENATAL CLINIC.

STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 16, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	64	88	775	1544
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	31	33	750	692
INFECTIOUS HEPATITIS	1	1	30	15
INFLUENZA	1	-	169	5
MEASLES	153	175	1179	411
MUMPS	29	55	765	563
POLIOMYELITIS	0	1	1	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	6	7
SALMONELLOSIS	1	0	14	31
SCARLET FEVER	5	5	167	110
SYPHILIS	20	5	254	235
TUBERCULOSIS	18	17	224	199
TYPHOID FEVER	0	0	1	0
WHOOPING COUGH	4	0	24	17
POLIOMYELITIS (DISEASE YEAR)**	-		0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 6

	1958	1957
DEATHS RECORDED FOR THE WEEK	189	188
BIRTHS RECORDED FOR THE WEEK	366	308

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR MAY 26, 1958

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MUSSEL QUARANTINE

Each year, from May 1 to October 31, California mussels are under quarantine as unfit for human consumption. The State Board of Public Health has established the quarantine to include San Francisco Bay, as well as the entire coast of California. The purpose of this annual quarantine is to protect the people of California from the highly toxic poison found in the shellfish from late spring to early autumn.

The source of this poison is Gonyaulax catenella, a microscopic organism found in plankton, which serves as food for mussels and clams. In warm weather the organism may multiply to such an extent that the water is a deep rust red color. While the poison does not appear to be harmful to the mussel, it can prove fatal to man when he consumes the toxic shellfish. Chemically, the poison is an alkaloid, similar to strychnine, and is one of the strongest poisons known. Because it is heat stable, cooking by boiling or steaming does not destroy the poison. In fact, death has been known to occur 15 minutes after eating boiled mussels.

As the toxic mussels cannot be distinguished in appearance from the harmless ones, prevention must be based on the fact that mussel poisoning is seasonal. The only safe rule is to avoid eating mussels during the quarantine period May 1 to October 31. Mussels may be used for bait during the quarantine but must be broken open and placed in containers plainly marked, "For fish bait only. Unfit for human consumption".

During this period the dark meat of clams can also be dangerous. Only the white meat should be eaten and the clams should be thoroughly cleaned and washed before cooking. In digging clams, they should be taken only from areas free of sewage contamination.

STATISTICAL REPORT FOR THE 21st WEEK ENDING MAY 23, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	47	83	822	1639
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	47	27	797	733
INFECTIOUS HEPATITIS	0	1	30	15
INFLUENZA	4	-	173	5
MEASLES	137	155	1316	451
MUMPS	35	54	800	617
POLIOMYELITIS	0	0	1	10
DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:				
PNEUMONIA	5			

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	6	7
SALMONELLOSIS	0	2	14	31
SCARLET FEVER	8	4	175	114
SYPHILIS	13	4	268	239
TUBERCULOSIS	6	13	230	212
TYPHOID FEVER	1	0	2	0
WHOOPING COUGH	2	1	26	18
POLIOMYELITIS (DISEASE YEAR)**		-	0	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	154	209
BIRTHS RECORDED FOR THE WEEK	354	498

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 2, 1958

VISION SCREENING IN SCHOOL CHILDREN

In furnishing medical and nursing services to public and private schools, one of the required functions of the San Francisco Department of Public Health is the screening of vision of school children. The objective is fourfold: (1) To identify pupils who may have visual defects (2) To help pupils with visual defects to receive examination and needed health services (3) To acquaint teachers with pupils' visual disabilities (4) To make such adjustments as are necessary in the educational program of pupils who have visual defects.

This program of screening is combined with the teacher observation program in which teachers note certain behavioral patterns that might indicate visual defects and report this to the school public health nurse. In cooperation with the teachers, then, this Department provides screening tests for all pupils in the third, seventh and tenth grades each year, so that each child receives three vision tests in his school life. It should be emphasized that this is not in any way a complete eye examination but merely a simple screening test designed to uncover eye conditions in need of professional attention. The parents of students with possible visual defects brought out by this screening are visited by the public health nurse to determine whether or not these children are receiving any eye care. If they are not, they are referred to the Health Department Eye Center at 101 Grove Street, where further evaluation is carried out by an ophthalmologist. Since no treatment is given, children needing treatment are referred to private care, to Crippled Children Services and then to private care, or to clinics.

During the past year approximately 37,000 pupils have been screened in the school program. Of these, 2,940 children were referred to our Eye Center for diagnosis. An additional 175 preschool children were examined at this diagnostic center, referrals being primarily from our child health conferences. Of the total examined at the Center, about one-sixth were found not to have any visual defects. Seventy-five per cent of the total referrals were found to have refractive errors, but of these only about 40 per cent required further referral for correction. Another five per cent were found to have organic or functional disorders which required treatment.

STATISTICAL REPORT FOR THE 22nd WEEK ENDING MAY 29, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	57	60	879	1711
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	29	31	826	1763
INFECTIOUS HEPATITIS	2	0	32	15
INFLUENZA	0	-	173	5
MEASLES	195	169	1511	472
MUMPS	49	30	849	647
POLIOMYELITIS	0	0	1	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	6	7
SALMONELLOSIS	2	0	16	31
SCARLET FEVER	8	3	183	117
SYPHILIS	18	8	286	259
TUBERCULOSIS	15	17	245	229
TYPHOID FEVER	0	0	2	0
WHOOPING COUGH	0	0	26	18
POLIOMYELITIS (DISEASE YEAR)**		-	0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3

	1958	1957
DEATHS RECORDED FOR THE WEEK	166	201
BIRTHS RECORDED FOR THE WEEK	331	275

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR JUNE 9, 1958

NONFATAL ACCIDENTS IN CALIFORNIA

Death certificates have been our main source of information concerning fatal accidents. In addition, insurance company records and traffic and industrial statistics have provided data regarding accidental injuries. In San Francisco the Home Accident Study on which we have reported from time to time, revealed information as to where, how and why home accidents occur but did not attempt to measure the extent of the problem. The recently released data from the California Health Survey now provides additional information on the incidence and distribution of nonfatal accidents in the general population of the State. This household sample survey was conducted by the California State Department of Public Health from May, 1954 through April, 1955, to determine the amount and distribution of illness in California and included questions to provide information on accident morbidity. Some of the accident high lights resulting from the Survey follow:

(1) Among acute illnesses, accidents are second in frequency; respiratory disease accounts for almost half of acute illness and one-quarter is due to accidents. Only respiratory and gastrointestinal diseases exceed accidents as a cause of disability* among acute conditions.

(2) Accidents account for one-tenth of all hospital admissions and more than one-sixth of all hospital days.

(3) Contrary to popular belief, persons with family incomes over $5,000 have more accidents than those with lower incomes.

(4) Persons living in metropolitan counties have more accidents than those living in the remainder of the State.

(5) More accidents occur in the home than in any other single place with 54% of all accidents and 45% of disabling accidents occurring there. There are 392 nonfatal home accidents for every 1,000 Californians per year.

(6) The leading types of accidents were falls, those caused by cutting and piercing instruments and those caused by hot substance, corrosive liquid and steam.

(7) Twenty per cent of accidents result in disability. About one-quarter of all accidents are seen by a physician. There are about 550 disabling home accidents for every fatal home accident!

(8) Applying incidence rates to the State population, there are about 9 million nonfatal accidents a year of which almost 2 million are disabling. Home accidents alone account for 5 million accidents, of which 780,000 result in disability.

*DISABILITY: KEPT A PERSON IN BED, PREVENTED HIM FROM GOING OUTDOORS, OR OTHERWISE INTERFERED WITH HIS USUAL ACTIVITIES FOR A PART OF A DAY OR MORE.

STATISTICAL REPORT FOR THE 23rd WEEK ENDING JUNE 6, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	32	98	911	1784
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	34	24	860	791
INFECTIOUS HEPATITIS	3	1	35	16
INFLUENZA	0	-	173	5
MEASLES	81	236	1592	505
MUMPS	41	52	890	674
POLIOMYELITIS	0	1	1	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	6	7
SALMONELLOSIS	1	1	17	32
SCARLET FEVER	4	7	187	124
SYPHILIS	13	8	299	277
TUBERCULOSIS	8	10	253	236
TYPHOID FEVER	0	0	2	0
WHOOPING COUGH	1	1	27	22
POLIOMYELITIS (DISEASE YEAR)**		-	0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	2
TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	172	201
BIRTHS RECORDED FOR THE WEEK	380	497

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 16, 1958

SAN FRANCISCO'S LEADING CAUSES OF DEATH

	1957			1956		
	RANK	NUMBER	RATE*	RANK	NUMBER	RATE*
TOTAL, ALL CAUSES	-	9600	1237.1	-	9548	1195.1
Heart Diseases	1	3684	474.7	1	3747	469.0
Malignant Neoplasms	2	1743	224.6	2	1644	205.8
Vascular Lesions of C.N.S.	3	971	125.1	3	949	118.8
Accidents	4	537	69.2	4	534	66.8
Cirrhosis of the Liver	5	367	47.3	5	340	42.6
Influenza and Pneumonia	6	303	39.0	7	231	28.9
Certain Diseases of Early Infancy	7	246	31.7	8	221	27.7
Suicides	8	194	25.0	6	235	29.4
Arteriosclerosis	9	189	24.4	9	182	22.8
Diabetes	10	93	12.0	11	88	11.0
Congenital Malformations	11	90	11.6	13	68	8.5
Ulcers of Stomach & Duodenum	12	86	11.1	12	85	10.6
Tuberculosis	13	78	10.0	10	92	11.5

* All rates per 100,000 population (1957 - 776,000; 1956 - 798,900), as estimated by State Department of Finance.

The number of resident deaths did not increase significantly in 1957 over 1956; the increase of 3.5% in the crude death rate was chiefly due to the decrease in the population used as a base for computing the rate.

Two-thirds of the deaths were due to the major chronic degenerative diseases; heart disease, 38%, cancers 18%, vascular lesions of the central nervous system, 10%. Accidents were the 4th cause of death at all ages and for both sexes; they were the leading cause of death from ages 1 through 44 years. Home accidents were responsible for 34% of these deaths and motor vehicles for 30%. Though the number of deaths ascribed to influenza increased by only 2 over 1956, pneumonia deaths increased by 30%, thus making these 2 causes 6th on the list. The number of suicides was exactly the same as in 1955 so the decrease in 1957 over 1956 was probably due to chance and not to any improvement in San Francisco's mental health, especially since cirrhosis of the liver remained in its customary 5th place. One encouraging note is the continued decrease in deaths from tuberculosis; the rate was 10 per 100,000, a new all-time low.

STATISTICAL REPORT FOR THE 24th WEEK ENDING JUNE 13, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	46	53	957	1880
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	32	35	892	826
INFECTIOUS HEPATITIS	0	1	35	16
INFLUENZA	0	-	173	5
MEASLES	172	169	1764	539
MUMPS	63	44	953	712
POLIOMYELITIS	0	1	1	10

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	2	0	8	8
SALMONELLOSIS	0	1	17	33
SCARLET FEVER	3	5	190	126
SYPHILIS	3	11	302	288
TUBERCULOSIS	2	11	254	244
TYPHOID FEVER	0	0	2	0
WHOOPING COUGH	3	2	30	24
POLIOMYELITIS (DISEASE YEAR)**	-		0	2

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
SYPHILIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	177	198
BIRTHS RECORDED FOR THE WEEK	413	458

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 23, 1958

GREETINGS TO THE AMERICAN MEDICAL ASSOCIATION

The Department of Public Health of the City and County of San Francisco extends greetings to the physicians of the United States who are meeting here for the 107th Annual Meeting of The American Medical Association.

The resources of the Department of Public Health, including both those involved in preventive medicine and those involved in medical care, are open at all times to the visiting profession. The continuous interest, research, and development of new techniques by the medical profession of this country have been the basis for the reduction of death and disability among the people of this country.

The combined efforts of the medical profession and of all community resources, including those of departments of public health, in the diagnosis and the treatment of the ills affecting communities is, in effect, "Public Health". These advancements have, for the most part, been made by the voluntary cooperation of professional groups such as The American Medical Association with voluntary groups and with governmental agencies. The importance of the individual efforts of more than 120,000 physicians must be held up for all the world to see, showing that the free practice of medicine can, does and will continue to recognize not only the medical profession's responsibility for the individual patient, but also its responsibility for the correction of those illnesses of the health officer's patient, namely, the community.

The Department of Public Health of the City and County of San Francisco operates facilities for the care of the indigent sick. It operates an outstanding emergency hospital service, and an Adult Guidance Center for the out-patient treatment of alcoholics, in addition to all of those normal functions in the field of preventive medicine which other health departments include.

The door of every office and every institution of the Department of Public Health is open to our visiting colleagues.

STATISTICAL REPORT FOR THE 25th WEEK ENDING JUNE 20, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	10	37	967	1908	RHEUMATIC FEVER	0	0	8	8
DIPHTHERIA	0	0	0	1	SALMONELLOSIS	1	1	18	34
EPIDEMIC MENINGITIS	0	0	4	5	SCARLET FEVER	3	5	193	134
GONORRHEA	36	40	928	875	SYPHILIS	14	7	316	302
INFECTIOUS HEPATITIS	0	0	35	16	TUBERCULOSIS	9	13	263	257
INFLUENZA	0	-	173	6	TYPHOID FEVER	0	0	2	0
MEASLES	62	154	1826	560	WHOOPING COUGH	0	1	30	24
MUMPS	19	35	972	722					
POLIOMYELITIS	0	1	1	11	POLIOMYELITIS (DISEASE YEAR)**		-	0	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
TUBERCULOSIS	3

	1958	1957
DEATHS RECORDED FOR THE WEEK	154	192
BIRTHS RECORDED FOR THE WEEK	460	38[illegible]

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JUNE 30, 1958

RABIES

San Francisco is fortunate in not having had a case of rabies for many years. But this certainly does not mean that we may relax our vigilance against this serious disease. With the exception of San Francisco and San Mateo counties, all of the Bay Area counties have been declared "rabies areas" by the State Director of Public Health since the recent enactment of the state rabies control law. With the summer season here and in these days of easy transportation, many San Franciscans will be going on picnics, hikes and other outings in these "rabies areas" and need to protect themselves against the dangers of this disease.

What is rabies and how is it spread? Rabies, often called hydrophobia, is a disease that effects the nervous system including the brain and spinal cord. Man and warm-blooded animals are susceptible to it. The incubation period, or time between exposure and onset of symptoms, may be as long as 3 months. Once rabies develops in animal or man, it is always fatal. The disease is characterized by great excitability, convulsive seizures, progressive paralysis and death. A person bitten by a rabid animal must have a long series of vaccine injections (Pasteur treatment) to save his life, and these must be given soon after the exposure. Rabies is caused by a virus which is present in the saliva of the infected animal. It is usually injected into another animal or person by a bite. While the dog is the most common spreader of the disease, in California in recent years an increasing number of cases have been reported in wild life, particularly in skunks, foxes, raccoons and bobcats.

Effective control measures for the eradication of rabies are available and need only be applied. As the dog is the domestic animal most closely associated with man, vaccination of the dog against rabies is the easiest and most effective step people can take. Every dog owner should have a veterinarian provide this one, simple, safe injection of vaccine. This not only protects the pet against rabies but protects people from the danger of rabies from the dog - family, friends and neighbors. In addition to dog vaccination, people should avoid contact with dogs or animals which may be rabid. Parents should teach children not to play with strange dogs and not to handle wild animals. Any animal bite should be seen by a physician, and the animal should be described to him.

VACCINATE YOUR DOG AGAINST RABIES!

STATISTICAL REPORT FOR THE 26th WEEK ENDING JUNE 27, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	18	34	985	1942
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	35	21	963	894
INFECTIOUS HEPATITIS	1	1	36	16
INFLUENZA	0	-	173	6
MEASLES	68	93	1894	581
MUMPS	17	19	989	737
POLIOMYELITIS	0	1	1	11

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	0	2	18	37
SCARLET FEVER	1	5	194	136
SYPHILIS	4	6	320	308
TUBERCULOSIS	13	12	272	269
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	0	0	30	24
POLIOMYELITIS (DISEASE YEAR)**		-	0	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2
SYPHILIS	1
TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	185	180
BIRTHS RECORDED FOR THE WEEK	364	415

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 7, 1958

A HEALTHFUL AND SAFE VACATION

Everybody enjoys a vacation. A break in the daily routine and stress of modern living can be relaxing and contribute to one's health. Advance planning and the observance of basic health and safety rules will help to make anyone's vacation jaunt pleasurable and refreshing. Whether it's a one-day excursion or an extended vacation trip, here are some tips for sane summer fun.

Good health is important to your vacation. A check-up with the family physician is a good beginning. Get his consultation and advice when traveling with baby or when a family member is pregnant, recovering from an illness, susceptible to hay fever or motion sickness or has any other health condition that should be considered. If he has prescribed special medicine take along enough for the entire time you are away. Take care of any dental work before you leave. It's wise to have an extra pair of glasses. A first aid kit, your traveling medicine cabinet, is a "must" and should be checked and brought up to date. Sunburn, heat exhaustion, swimming and boating accidents, food poisoning, insect bites, poisonous plants and bites from rabid animals all are vacation hazards which knowledge, foresight and moderation will keep to a minimum. In spite of precautions, there is the chance that illness or injury will occur while on vacation. In that event don't delay calling a physician even though he's a stranger to you. Get in touch with the local medical society, health department or hospital for the name of a qualified doctor and then call him and take his advice.

Traffic accidents have spoiled many a vacation trip. To avoid possible disaster, the family car should have a thorough safety check and necessary work done in advance. But a mechanically perfect car is still only as good as its driver. Most of us know the rules of safe driving; how we apply them determines whether we will return safely. And remember, the use of our highways is a cooperative, not a competitive matter. In automobile accidents, injuries usually occur from passengers crashing against part of the interior, being thrown out, or being bombarded by unsecured objects inside the car. Chances of safety in the event of a crash can be greatly enhanced by: (1) the installation and use of safety belts (2) securing doors against opening by keeping inside latches locked and safety locks for children on the rear doors and (3) keeping the rear window shelf and the car interior clear of loose objects. In a sudden stop, a camera or flashlight can become a dangerous projectile.

STATISTICAL REPORT FOR THE 27th WEEK ENDING JULY 3, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	15	23	1000	1990
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	5
GONORRHEA	40	27	1003	921
INFECTIOUS HEPATITIS	2	1	38	17
INFLUENZA	0	-	173	8
MEASLES	49	71	1943	594
MUMPS	14	14	1003	752
POLIOMYELITIS	0	3	1	11

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	1	1	19	38
SCARLET FEVER	1	2	195	137
SYPHILIS	12	7	332	329
TUBERCULOSIS	9	12	281	282
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	1	1	31	26
POLIOMYELITIS (DISEASE YEAR)**	-		0	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	144	152
BIRTHS RECORDED FOR THE WEEK	422	337

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 14, 1958

SERVICES FOR CRIPPLED CHILDREN

The Crippled Children Services of the San Francisco Department of Public Health is a program established by State law and financed largely by state and county appropriations. Its purpose is to provide diagnostic services for handicapped children with certain categories of crippling conditions. Corrective treatment also may be provided if parents or legal guardians are unable, in whole or in part, to finance the necessary care. The Crippled Children Services is a governmental program supported by tax monies and must be distinguished from the program of the non-official or voluntary health agency, the Society for Crippled Children and Adults. This organization and its local branches are supported by donations, chiefly the Easter Seal Sale, and provide certain special services for handicapped children including transportation, loan equipment, foster home care, camperships, etc.

Under this Department's Crippled Children Services, a physically handicapped child is anyone under 21 years of age with certain kinds of physical defects which were present at birth or acquired through disease, accident or faulty development. In general, treatment is provided for the child whose defects are disabling and can be arrested or corrected.

The program covers the following medical conditions:- (1) Those of an orthopedic nature - such as club foot and curvature of the spine. (2) Those requiring plastic reconstruction - such as cleft lip and palate. (3) Serious defects of the jaws. (4) Eye conditions leading to loss of vision - such as cataract and cross eyes. (5) Ear conditions leading to loss of hearing - such as partial deafness. (6) Rheumatic or congenital heart disease. (7) Other disabling or disfiguring deformities.

Medical services are provided by physicians who wish to serve on the Crippled Children Services panel. Hospitalization is provided in institutions which meet requirements for care of handicapped children. Referrals for legal residents of San Francisco are made through this Department and physicians who wish to refer a patient to the program should contact the district Health Center where the family lives. Crippled Children Services must authorize diagnostic services before these services can be given and must determine financial eligibility before treatment can begin. Care for the crippled child is both an immediate and continuing community responsibility and a sound investment in the future. The money, time and care expended today insures these children being self-supporting citizens tomorrow, rather than public charges.

STATISTICAL REPORT FOR THE 28th WEEK ENDING JULY 11, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	13	20	1013	2014
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	1	4	6
GONORRHEA	47	25	1050	950
INFECTIOUS HEPATITIS	1	1	38	17
INFLUENZA	0	-	173	19
MEASLES	60	65	2003	605
MUMPS	17	14	1020	765
POLIOMYELITIS	0	1	1	11

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	0	1	19	39
SCARLET FEVER	4	2	199	146
SYPHILIS	6	7	338	337
TUBERCULOSIS	6	7	287	289
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	5	1	36	31
POLIOMYELITIS (DISEASE YEAR)**		-	0	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	150	180
BIRTHS RECORDED FOR THE WEEK	333	431

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 21, 1958

BIRTH AND DEATH REGISTRATION

The birth certificate is a legal record which provides evidence for establishing such important facts as date and place of birth and parentage. A birth certificate is used as proof of age for registration in school and when applying for social security benefits. It is needed in securing a passport, obtaining employment limited to citizens, proving legal dependency, etc. Likewise, the death certificate is a legally recorded statement of the facts of death and is used for the purpose of claiming life insurance or pensions and settling estates. It provides needed information about the deceased in regard to cause and circumstance of death, interment, genealogy and evidence as to age, sex and race. Further, the death certificate serves as the source of mortality statistics used for determining the incidence of specific causes of death, for evaluating the need for health services and for measuring the progress in the prevention and control of disease.

The procedure for registering of births and deaths is set up by State law. The health officer is the local registrar and he must see that each certificate is complete and accurate. He keeps a local record of each birth and death and sends the original to the State Registrar in Sacramento for permanent filing. The Birth and Death Registry of the San Francisco Department of Public Health is located at the Health Department building at 101 Grove Street. It is here that certified copies of birth and death certificates on file are obtained on payment of one dollar fee.

The birth registration procedure provides that a birth shall be registered within four days after the event occurs. The responsibility for filing the certificate lies with the physician, or whoever is in attendance. When a birth certificate is needed but is not on file, the facts of birth can be established by (1) Superior Court action or (2) application to the State Registrar for a delayed certificate of birth.

The procedure for registering deaths requires the physician (the coroner when death is the result of homicide, suicide or an accident) to execute the medical portion of the death certificate and to deliver the certificate to the funeral director within 15 hours after the death. The funeral director is responsible for completing those parts of the certificate calling for personal information about the deceased and for filing the certificate with the local registrar.

STATISTICAL REPORT FOR THE 29th WEEK ENDING JULY 18, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	7	14	1020	2053
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	7
GONORRHEA	43	40	1093	973
INFECTIOUS HEPATITIS	3	1	41	17
INFLUENZA	0	-	173	27
MEASLES	54	43	2057	614
MUMPS	9	20	1029	787
POLIOMYELITIS	1	2	2	13

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	1	1	20	39
SCARLET FEVER	2	1	201	141
SYPHILIS	10	8	348	349
TUBERCULOSIS	10	8	297	297
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	3	1	39	34
POLIOMYELITIS (DISEASE YEAR)**		-	1	3

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

MENINGITIS	1
PNEUMONIA	2
TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	169	196
BIRTHS RECORDED FOR THE WEEK	407	417

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — JULY 28, 1958

ENVIRONMENTAL SANITATION

The enjoyment of good personal health is inextricably bound up with the health of the community as a whole and includes the enjoyment of wholesome, clean and attractive surroundings. The promotion of sanitation and the enforcement of sanitary regulations has always been a basic and integral part of public health with the result that today it is possible for all of us to enjoy urban life in surroundings that are cleaner and safer than ever in the past.

Those areas of sanitation for which regulations and procedures have long been established and enforced, such as the sanitation of water, milk, food, garbage disposal, etc., are adequately taken care of. Without being too smug, we can even say that the principle public health problems of sanitation are now under reasonably good control and that mortality and morbidity resulting directly from insanitation is comfortably low. But the speed of environmental changes brought about by modern economic and technological advances have created new problems as rapidly as the old ones are solved. Today we are faced with the complex problems of air pollution, occupational hazards, chemical contamination, ionizing radiation hazards, home safety hazards, environmental factors contributing to chronic disease, abnormal noise, etc.

While we recognize that there will always be a need for legislative and maintenance programs to enforce necessary sanitation, we also recognize that many of the problems of environmental sanitation due to modern living cannot be solved by enforcement alone. Our need is to supplement enforcement with a community awareness that a healthful environment is as basic a social objective as it is a public health necessity. The solution of such problems, whether new or old, will be brought about by the realization that a healthful environment does not result from the efforts of any one public agency, but from the combined and continued efforts of all of us. The extent to which each of us accepts his responsibility and does his part in this regard, will be the measure of our success in continuing to make our city a wholesome place in which to live.

NOTE: The week of July 28 - August 1 has been designated as National Sanitation Week.

STATISTICAL REPORT FOR THE 30th WEEK ENDING JULY 25, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	4	15	1024	2066
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	7
GONORRHEA	43	28	1136	1012
INFECTIOUS HEPATITIS	1	0	42	17
INFLUENZA	0	-	173	37
MEASLES	32	50	2089	629
MUMPS	8	17	1037	795
POLIOMYELITIS	0	2	2	15

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	2	1	22	40
SCARLET FEVER	8	2	209	143
SYPHILIS	11	7	359	364
TUBERCULOSIS	9	9	306	305
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	2	0	41	38
POLIOMYELITIS (DISEASE YEAR)**	-		1	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
SYPHILIS	1
TUBERCULOSIS	3

	1958	1957
DEATHS RECORDED FOR THE WEEK	185	194
BIRTHS RECORDED FOR THE WEEK	385	357

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 4, 1958

A NEW DEAL IN THE HEALTH DEPARTMENT

With the appointment of a new Chief Administrative Officer to replace Mr. Thomas A. Brooks who held the office for seventeen years, Health Department personnel will naturally be interested in current changes which may affect them. Mr. Chester R. MacPhee, even before taking office, was concerned about the Health Department, particularly San Francisco Hospital. On assuming his new duties, Mr. MacPhee instituted a program of daily conferences devoted to a study of hospital problems. These meetings which begin promptly most mornings at 8:00 AM have been attended by a study group composed of Mr. Virgil Elliott, Director of Finance and Records, Mr. Joseph Mignola, Executive Assistant to Mr. MacPhee, Mr. George Grubb, Administrative Assistant to the Mayor, Dr. Reuben Zumwalt, an old friend and able physician, and various members of the administrative staff of the Health Department. During this past month, every ward, hospital facility and activity of this Health Department has been visited and investigated on a day and night schedule.

Important changes include such things as new tan smocks for porters at San Francisco General Hospital (that's its new name), additional white smocks for all orderlies, an employee publication "News Capsule", a contest to select a slogan for the hospital, provision for employee parking, streamlining of procedures for handling of supplies, more linen and more side rails for patients, and many other things which contribute to the efficient operation of the hospital.

Mr. MacPhee also has visited Laguna Honda Home and, in consultation with officials there and in other divisions of the Department of Public Health, has been offering suggestions and ways to help provide improved ways of patient care and public health practices.

It is obvious to all of us that Mr. MacPhee wants to be helpful. But also, he is a worker himself and expects each of us to do our share of work. No matter how insignificant our position seems to us, we are important to him.

WELCOME, MR. MACPHEE!

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STATISTICAL REPORT FOR THE 31st WEEK ENDING AUGUST 1, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	7	13	1031	2079
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	8
GONORRHEA	48	26	1183	1054
INFECTIOUS HEPATITIS	1	0	43	17
INFLUENZA	0	-	173	76
MEASLES	27	27	2116	645
MUMPS	8	11	1045	811
POLIOMYELITIS	0	1	2	16

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	0	4	22	41
SCARLET FEVER	2	2	211	145
SYPHILIS	13	6	372	370
TUBERCULOSIS	6	12	311	311
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	0	2	41	43
POLIOMYELITIS (DISEASE YEAR)**	-		1	5

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	2
TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	170	183
BIRTHS RECORDED FOR THE WEEK	380	373

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 11, 1958

CHILD HEALTH AND SCHOOL

With the opening of school less than a month away, we are reminded of the necessity of preparing the child for school. To learn effectively, the child needs good physical and mental health. This is particularly true for the child starting to school. For most such children, this is their first experience outside of the home with its attendant increase in contagious disease. Parents should see to it, therefore, that necessary preventive measures as physical appraisal and immunizations (including booster shots) are brought up to date by the family doctor.

For the child already in school, health supervision is as much the parent's responsibility as providing housing, food, clothing, medical care and other necessities, and it is important that the parent must not relegate nor the school appropriate this responsibility. It is equally important that the parents keep themselves informed on the health status of the child in school and cooperate by responding to recommendations made by the school nurse or physician. The health problems posed during the early school years as well as those which extend into the years of early adolescence offer fruitful opportunities for cooperative endeavor between parents and schools which will benefit the child.

School health activities have come a long way since school health was limited to the examination and exclusion of pupils suspected of having a communicable disease. Since that era, America's schools have made great progress in imparting health knowledge, developing wholesome health attitudes and establishing healthful living that contributes to the pupils' health and welfare throughout their lifetime. These highly desirable objectives of the school health program will only be attained in the measure that parents and schools realize the importance of their individual roles and live up to their unique responsibilities. To do less than this would be to lessen considerably the child's opportunity of living a fuller, richer and healthier life in his adult years.

STATISTICAL REPORT FOR THE 32nd WEEK ENDING AUGUST 8, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	5	8	1036	2086
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	8
GONORRHEA	39	28	1222	1102
INFECTIOUS HEPATITIS	0	0	43	17
INFLUENZA	0	-	173	89
MEASLES	22	23	2138	654
MUMPS	10	11	1055	822
POLIOMYELITIS	1	2	3	17

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	6	8
SALMONELLOSIS	0	1	22	44
SCARLET FEVER	6	2	217	146
SYPHILIS	16	6	388	380
TUBERCULOSIS	13	15	322	331
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	0	1	41	47
POLIOMYELITIS (DISEASE YEAR**)			12	7

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	3
TUBERCULOSIS	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	163	160
BIRTHS RECORDED FOR THE WEEK	358	313

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — AUGUST 18, 1958

LEUKEMIA

Sir Macfarlane Burnet of the Royal Melbourne Hospital, Australia, in giving the 1958 Cutter Lecture on Preventive Medicine at Harvard University presented his hearers with a magnificent and scholarly dissertation on the subject of leukemia. He indicated that there are many types of leukemia, that the cause, or causes, is relatively unknown, and that the disease has presented a steady increase over a period of years.

While there has been some change in the reporting of this disease, the recorded deaths in San Francisco indicate how its incidence has increased in this area:

YEAR	1920	1925	1930	1935	1940	1945	1950	1955
DEATHS	26	23	29	43	57	74	93	103

Some of the increase may represent greater expertness in diagnostic procedure although in leukemia the basic characteristics were well established far before 1920. This tremendous increase in incidence makes us wonder if perhaps some simple cause may be discovered just around the corner. While certain gross factors have been studied epidemiologically in regard to the disease, no completely thorough environmental epidemiological study is recorded to our knowledge. Perhaps some very simple factor in our way of modern living is the underlying cause. We are reminded of the many simple environmental factors which have been responsible for some of the most serious disease conditions in man. The production of beriberi by polishing rice, the elimination of rickets and scurvy by maintaining the intake of special foods and the recent discovery that a type of blindness could be produced by an over use of oxygen in the care of the infant - all these things make us realize that nature maintains a very delicate balance and the possibility that the over or under provision of mineral and food fractions may produce an unbalance in the human mechanism and produce a serious or even fatal disease.

The fact that we have increasingly substituted highly prepared food to fill the dietary needs, particularly of children, makes us wonder if some such mechanism may not set up a series of factors which disturb the production of lymphocytes in the human body. Perhaps a very careful epidemiological study of the leukemia patient involving all the factors which affect his environment will show us a solution to the prevention of this disease in the near future.

STATISTICAL REPORT FOR THE 33rd WEEK ENDING AUGUST 15, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	4	5	1040	2089
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	4	8
GONORRHEA	29	32	1251	1138
INFECTIOUS HEPATITIS	1	0	44	17
INFLUENZA	1	-	174	91
MEASLES	14	19	2152	662
MUMPS	5	10	1060	832
POLIOMYELITIS	0	2	3	18

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	2	1	24	47
SCARLET FEVER	1	1	218	147
SYPHILIS	15	5	403	385
TUBERCULOSIS	10	16	329	348
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	0	2	41	49
POLIOMYELITIS (DISEASE YEAR)**	-		2	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 2

	1958	1957
DEATHS RECORDED FOR THE WEEK	179	170
BIRTHS RECORDED FOR THE WEEK	400	467

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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SAN FRANCISCO

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

AUGUST 25, 1958

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COMMUNITY MENTAL HEALTH SERVICES

To implement the Short-Doyle Act, the Board of Supervisors on May 1 of this year appointed the Advisory Board for the Community Mental Health Services, consisting of three physicians, one of whom is a psychiatrist, the chairman of the Board of Supervisors, a Superior Court Judge and two lay members appointed by the Supervisors representing "the community interest in mental health". Previously the Supervisors had appointed the Director of Public Health as administrator of the Community Mental Health Services in accordance with the Short-Doyle Act. The Advisory Board has held meetings on the second and fourth Tuesdays of the month beginning on May 13. It has heard reports and recommendations from the staff of the Health Department on three occasions and held two general meetings at which it received the recommendations of individual organizations interested in various aspects of mental health needs and services in San Francisco. During the next month or six weeks, the Board will consider all these suggestions. It will then consolidate its thinking into a plan of implementation of our services and submit its recommendations to the Board of Supervisors for appropriate action.

The Department is thus taking a fresh look at itself with respect to all of the mental health services that it provides. It will make as many changes as are feasible within the present structure and budget to meet some of the existing complications and problems in our mental health services. Beyond this point of administrative decision, we will need the advice and the support of the Advisory Board of the Community Mental Health Services, the Health Advisory Board, the San Francisco Medical Society and those community organizations and facilities that are concerned with our mental health problems. We need to apply the principles of epidemiology to both minor and major emotional disturbances, including the psychoses, alcoholism, and suicide. This ties in the private physician's interest in the individual patient with the health officer's interest in his total patient - the community.

STATISTICAL REPORT FOR THE 34th WEEK ENDING AUGUST 22, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	13	10	1053	2090
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	1	4	8
GONORRHEA	50	38	1301	1175
INFECTIOUS HEPATITIS	2	1	46	18
INFLUENZA	0	-	174	100
MEASLES	8	19	2160	668
MUMPS	4	6	1064	838
POLIOMYELITIS	0	1	3	18

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	9	3	33	52
SCARLET FEVER	0	0	218	147
SYPHILIS	17	8	419	398
TUBERCULOSIS	9	14	337	364
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	1	1	42	50
POLIOMYELITIS (DISEASE YEAR)**		-	2	10

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	1
SYPHILIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	177	168
BIRTHS RECORDED FOR THE WEEK	374	409

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

"DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 2, 1958

VENEREAL DISEASE CLINIC AT 101 GROVE STREET CLOSED

Effective September 2, the diagnostic and treatment clinic for venereal disease at 101 Grove Street will be closed, and all of the clinical services will be concentrated at our Venereal Disease Clinic at 33 Hunt Street, which is located on the east side of Third Street between Mission and Howard Streets.

The bulk of our venereal disease control services have been provided through the Hunt Street facility for many years. This facility has also served as a health center serving the people in the South of Market Street area. The general public health services formerly provided through the South of Market Street Health Center will be consolidated with the Central Health Center, so that the investigation of venereal diseases, their diagnosis and treatment, will be concentrated in one place in the interest of better use of our personnel without loss of services to the public.

The clinic hours at 33 Hunt Street are Mondays and Thursdays, 9:30 A.M. to 6:00 P.M., and Tuesdays, Wednesdays and Fridays, 8:00 A.M. to 4:00 P.M. Persons suspecting they may have venereal disease infection should consult with their private physicians or with out clinic personnel who work under the direction of Dr. Erwin Braff of the Division of Venereal Disease Control. The telephone number is EXbrook 2-2531.

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STATISTICAL REPORT FOR THE 35th WEEK ENDING AUGUST 29, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	4	5	1057	2092
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	1	0	5	8
GONORRHEA	37	35	1338	1212
INFECTIOUS HEPATITIS	0	1	46	19
INFLUENZA	0	-	174	112
MEASLES	16	13	2176	672
MUMPS	3	7	1067	840
POLIOMYELITIS	2	2	5	20

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	1
TUBERCULOSIS	1

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	1	0	34	53
SCARLET FEVER	2	1	220	148
SYPHILIS	11	11	430	416
TUBERCULOSIS	8	11	345	383
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	1	1	43	51
POLIOMYELITIS (DISEASE YEAR)		-	4	12

	1958	1957
DEATHS RECORDED FOR THE WEEK	168	180
BIRTHS RECORDED FOR THE WEEK	357	336

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 8, 1958

SAFE MILK

There is probably no other industry which is so completely governed by regulations as is the dairy industry, and wisely so, since milk is an ideal food, not only for man, but (unfortunately for us) for bacteria, molds and yeasts also. In fact, milk is such a good food, that we must wage a constant war with these microorganisms if we are to have good safe milk and milk products. For this reason there are laws covering every step in the handling, processing and distribution of milk and milk products until it reaches the consumer.

Constant research results in increased efficiency, improved methods and better dairy equipment. Modern dairy construction, with ample corral space, protected feeding facilities and sanitary milking facilities all aid in keeping a dairy herd healthy. New regulations are periodically adopted and it is the duty of our dairy sanitarians to interpret these regulations for the dairymen and secure their cooperation in complying with all the laws and regulations that apply to their business. Thanks to the cooperation of the dairy industry, public health and agriculture officials, it is possible today to purchase pasteurized milk and dairy products in San Francisco with a high degree of confidence.

Even with frequent examination of dairy cows and careful milk handling, the safety factor provided by pasteurization is a public health necessity and hence all milk sold in San Francisco is pasteurized. This striving for a wholesome and safe milk supply is carried on in the local dairy milk plants as it is on the dairy farms, and regular inspections by our dairy sanitarians insure that the following essential requirements are being carried out:

1. That the milk comes from healthy cows.
2. That milkers and others handling milk are free from communicable disease.
3. That all utensils used as milk containers are sterilized after each usage.
4. That milking is done with clean hands or clean machines from clean cows.
5. That immediately after milking the milk is chilled and kept at a low temperature.
6. That bottling and capping of milk is done in a sanitary manner.
7. That milk is sold to the consumer only in the original container.
8. That milk is pasteurized.

STATISTICAL REPORT FOR THE 36th WEEK ENDING SEPTEMBER 5, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	2	3	1059	2096
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	5	850
GONORRHEA	29	34	1367	1250
INFECTIOUS HEPATITIS	1	1	47	21
INFLUENZA	0	-	174	114
MEASLES	12	6	2188	673
MUMPS	6	4	1073	850
POLIOMYELITIS	0	1	5	21

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	8
SALMONELLOSIS	2	3	36	58
SCARLET FEVER	5	1	225	149
SYPHILIS	8	9	438	433
TUBERCULOSIS	14	8	359	395
TYPHOID FEVER	0	0	2	1
WHOOPING COUGH	0	2	43	60
POLIOMYELITIS (DISEASE YEAR)**	-		4	13

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	183	212
BIRTHS RECORDED FOR THE WEEK	284	396

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 15, 1958

POLIO VACCINATION - AN INDIVIDUAL RESPONSIBILITY

By date of onset, there were twenty cases of poliomyelitis during 1957. Of these twenty cases, eight were non-paralytic, eleven were spinal paralytic and one was bulbo-spinal poliomyelitis. Records of inoculations show that when the city wide program was completed on June 1, 1958, the Health Department had given first inoculations to 129,022 persons, second inoculations to 110,404, and third or booster shots to 58,100 persons. The complete series of three injections were given to 26% of the population under 19 years of age. Assuming that private physicians as in the past immunized as many children as the Health Department, slightly more than one-half of the city's population under 19 received the recommended series of inoculations.

Although poliomyelitis is a preventable disease as far as its paralytic manifestations are concerned, the relative chance of acquiring paralytic polio and particularly fatal paralysis is higher among adults and the older teen-agers. Nearly one third of the cases of paralytic polio that have been reported in California this year were in people over 20 years of age, one occurring to a resident of San Francisco over 40 years of age and one to a resident of a neighboring county who is over 50 years of age. There is evidence that when older people contract the disease, the crippling effects are more severe and more permanent. It is well therefore to remember that protecting ourselves is an individual responsibility. Providing immunizations to the children alone will not protect the adults of the family. Parents of vaccinated children should also be vaccinated.

Our record to date has been gratifying with few cases of polio appearing and no paralytic occurrences among those who have received their polio immunization. But this is no insurance for those unvaccinated persons who have the greatest chance to acquire the disease. The incidence of polio usually increases with the advent of warm weather and the fall season in San Francisco. With the Health Department's public program closed, it is incumbent on all susceptible residents of this city to arrange for polio vaccinations with their family physician. Pregnant women, who appear to be more susceptible to polio than other women, should also secure this immunization, preferably from their obstetrician.

STATISTICAL REPORT FOR THE 37th WEEK ENDING SEPTEMBER 12, 1958

CASES REPORTED	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	9	7	1068	2099
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	1	0	6	9
GONORRHEA	31	22	1398	1275
INFECTIOUS HEPATITIS	1	1	48	22
INFLUENZA	0	-	174	118
MEASLES	9	10	2197	678
MUMPS	6	12	1079	862
POLIOMYELITIS	1	5	6	21

CASES REPORTED	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	1	8	8
SALMONELLOSIS	1	2	37	60
SCARLET FEVER	4	2	229	153
SYPHILIS	15	6	453	439
TUBERCULOSIS	6	7	363	408
TYPHOID FEVER	1	0	3	1
WHOOPING COUGH	1	1	44	64
POLIOMYELITIS(DISEASE YEAR)**		-	5	13

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES

HEPATITIS	1
PNEUMONIA	1
SYPHILIS	1
TUBERCULOSIS	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	196	167
BIRTHS RECORDED FOR THE WEEK	478	406

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

**DISEASE YEAR BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 22, 1958

DEATHS FROM HEART DISEASE IN SAN FRANCISCO

At present, diseases of the heart and vascular system account for more than half of all the deaths in San Francisco; about one third of all these deaths being due to arterio-sclerotic heart disease including coronary conditions. The sex-specific rate for heart disease for males was considerably higher than for females, being 5.7 per 1,000 estimated population compared to 3.7 for the latter. Rates for males were higher than those for females for all causes except vascular lesions of the central nervous system and general arteriosclerosis; this sex difference is not peculiar to San Francisco since it is equally true for California and the United States as a whole.

Heart disease, the most frequent death cause cited, accounted for 38% of deaths of all ages. In the age group 25 to 44 years, it caused 16% of the deaths with a rate of 43 per 100,000 population. It was the leading cause of deaths in the age groups 45 to 64 and 65 years and over, accounting for 37 and 45% respectively of the deaths in these age groups. Vascular lesions of the central nervous system, (chiefly cerebral hemorrhage) again increased during 1957 as in 1956. More than 10% of all deaths were ascribed to this cause.

Chronic disease epidemiologists for some years now have been calling attention to the fact that heart disease among middle aged American men causes them to die off at a much more rapid rate and that they are more vulnerable to this disease than men and women of past generations in this country. Although it is possible that males have a greater predilection for heart disease, it is also probable that something in our modern way of life is also a factor in this phenomenon. Until preventive measures can be defined and implemented, the social cost of heart disease - in productivity, in dollars and in social values - will continue to soar. Epidemiological studies may well lead a way to preventive measures, the ultimate form of control of any disease. Such studies are now being pursued with the same vigor that in times past was used to control tuberculosis, pellagra, occupational and many other important diseases arising from environmental conditions.

STATISTICAL REPORT FOR THE 38th WEEK ENDING SEPTEMBER 19, 1958

CASES REPORTED	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	8	11	1076	2102
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	9
GONORRHEA	38	25	1436	1306
INFECTIOUS HEPATITIS	0	2	48	24
INFLUENZA	1	-	175	126
MEASLES	6	8	2203	683
MUMPS	10	14	1089	876
POLIOMYELITIS	0	2	6	22

CASES REPORTED	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	14
SALMONELLOSIS	1	2	38	62
SCARLET FEVER	5	3	234	157
SYPHILIS	11	7	464	446
TUBERCULOSIS	16	9	379	417
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	0	4	44	68
POLIOMYELITIS (DISEASE YEAR)**			5	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES

PNEUMONIA	5
TUBERCULOSIS	3

	1958	1957
DEATHS RECORDED FOR THE WEEK	181	173
BIRTHS RECORDED FOR THE WEEK	413	506

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN

**DISEASE YEAR BEGINS ON APRIL 1ST

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — SEPTEMBER 29, 1958

SUICIDE - A PUBLIC HEALTH PROBLEM

Few people are cognizant of the fact that in this country suicides are more frequent than murder or that it ranks eighth in San Francisco's leading causes of death. During 1957, 778 individuals attempted suicide in San Francisco, of whom 194 completed the attempt resulting in their death. Using only the number of those who were actually successful in their suicides this means that San Francisco has a rate of 25.0 suicides per 100,000 population. This is almost twice the rate for the State of California and almost three times that of the United States.

What causes suicide is a big question, there being many motives, often complex, varied and difficult to unravel. The reasons most often indicated by the person who commits suicide or by his family are (1) ill health (2) economic distress (3) the loss of a loved one and (4) domestic discord. Behind all these immediate considerations are found almost invariably certain emotional attitudes, fears and anxieties, a sense of inferiority or insecurity, hatred, aggressiveness, guilt, frustration or revenge. The final circumstances usually come at the end of a long chain of contributing events which may in themselves not be closely related to the underlying cause of the individual's attitude.

Suicide is a public health problem which has many sides to it and many points of attack. Numerous cases need never occur if local preventive and early treatment of the underlying emotional disturbance were successful. First steps along this line are now being undertaken by this Department and the State Department of Public Health in a statistical evaluation of attempted suicides. This will later form the basis of a study directed toward the epidemiology and prevention of suicide. Mental health services such as those provided for in the recently enacted Short-Doyle Act which will permit more effective and definitive treatment in the early stages of mental and emotional illnesses will further supplement these efforts and help us to bring this serious problem under control.

STATISTICAL REPORT FOR THE 39th WEEK ENDING SEPTEMBER 26, 1958

CASES REPORTED	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	4	10	1080	2108
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	9
GONORRHEA	37	27	1473	1326
INFECTIOUS HEPATITIS	1	1	49	25
INFLUENZA	0	-	175	131
MEASLES	14	9	2217	688
MUMPS	16	16	1105	884
POLIOMYELITIS	0	2	6	22

CASES REPORTED	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	1	8	19
SALMONELLOSIS	0	0	38	64
SCARLET FEVER	1	2	235	163
SYPHILIS	9	5	473	450
TUBERCULOSIS	12	11	391	432
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	4	2	48	72
POLIOMYELITIS (DISEASE YEAR)**			5	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES

SYPHILIS	1
TUBERCULOSIS	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	195	203
BIRTHS RECORDED FOR THE WEEK	[illegible]	[illegible]

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

**DISEASE YEAR BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

OCTOBER 6, 1958

CHANGE IN PROCEDURE FOR HOSPITALIZATION OF MENTAL ILLNESS PATIENTS

On October 1, the past procedure for the submission of applications for Mental Illness Petitions was changed. The past procedure was for the patient or an interested relative or friend to go to the County Clerk's office in the City Hall and fill in an application which was then forwarded to the Superior Court. The judge determined whether or not a warrant of apprehension by the Police Department should be issued and the patient picked up and brought to the Psychiatric Division of San Francisco General Hospital, where he would be examined by staff psychiatrists of the hospital and of the Medical Examination Board of the Superior Court for final disposition.

Effective October 1, patients and others interested in filing Mental Illness Petitions will go to the San Francisco General Hospital to initiate this procedure. Room 23 in the Psychiatric Building, which is adjacent to the courtroom, can be reached by entering the 22nd Street entrance across the street from the Admitting Service of the main hospital. The hours are from 8:00 A.M. to 2:30 P.M., however, emergency patients can be handled on a 24 hour basis through the Admitting Service of the main hospital.

The normal procedure will provide for an interview by the Psychiatric Division staff and a determination will be made to find out whether or not the patient should be committed to a State Hospital, admitted to the Psychiatric Service as a voluntary patient, or referred to a private physician or private clinic for care.

On October 1, seven Mental Illness Petitions were issued, and on October 2, two Mental Illness Petitions and one Stimulant Warrant were issued. Three were refused. When patients can benefit by local care rather than being placed in a State Hospital, this will be done. Patients hospitalized at San Francisco General Hospital are subject to a daily cost ranging from $27.59 a day to $36.02.

This change in procedure will provide more medical and psychiatric evaluation prior to the issuing of the petition and will at the same time provide the usual legal safeguards in matters of this type.

STATISTICAL REPORT FOR THE 40TH WEEK ENDING OCTOBER 3, 1958

CASES REPORTED	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	5	13	1085	2123
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	9
GONORRHEA	51	29	1524	1379
INFECTIOUS HEPATITIS	2	0	51	26
INFLUENZA	0	-	175	152
MEASLES	11	8	2228	692
MUMPS	11	9	1116	890
POLIOMYELITIS	0	4	6	22

CASES REPORTED	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	19
SALMONELLOSIS	5	1	43	66
SCARLET FEVER	1	3	236	170
SYPHILIS	4	8	477	462
TUBERCULOSIS	5	14	395	448
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	0	2	48	78
POLIOMYELITIS (DISEASE YEAR)**	4		5	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES

PNEUMONIA	2

	1958	1957
DEATHS RECORDED FOR THE WEEK	175	196
BIRTHS RECORDED FOR THE WEEK	388	420

*NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN.

**DISEASE YEAR BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

OCTOBER 14, 1958

DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA & UNITED STATES, 1957

CAUSE OF DEATH	RATE PER 100,000 ESTIMATED POP.			PERCENT OF TOTAL DEATHS		
	S.F.	CAL.	U.S.	S.F.	CAL.	U.S.
TOTAL, ALL CAUSES	1237.1	873.4	960.5	100.0	100.0	100.0
HEART DISEASES	474.7	323.4	367.6	38.4	37.0	38.3
MALIGNANT NEOPLASMS	224.6	143.0	150.3	18.2	16.4	15.6
VASCULAR LESIONS OF C.N.S.	125.1	98.5	110.3	10.1	11.3	11.5
ACCIDENTS	69.2	54.5	56.1	5.6	6.2	5.8
CIRRHOSIS OF THE LIVER	47.3	17.3	11.0	3.9	2.0	1.1
INFLUENZA AND PNEUMONIA	39.0	29.7	35.8	3.2	3.4	3.7
DISEASES OF EARLY INFANCY	31.7	37.6	38.2	2.6	4.3	4.0
SUICIDES	25.0	14.6	9.4	2.0	1.7	1.0
ARTERIOSCLEROSIS	24.4	21.9	19.9	1.9	2.5	2.1
DIABETES	12.0	10.1	16.4	1.0	1.2	1.7
CONGENITAL MALFORMATIONS	11.6	12.2	12.6	0.9	1.4	1.3
ULCERS OF STOMACH & DUODENUM	11.1	6.9	6.0	0.9	0.8	0.6
TUBERCULOSIS	10.0	6.4	7.8	0.8	0.7	0.8

The major chronic degenerative diseases (heart diseases, cancers and strokes) accounted for two-thirds of the deaths in each geographic area, with accidents again the fourth leading cause of death. In San Francisco cirrhosis of the liver was the fifth ranking cause of death with a rate of 47.3 - more than four times the national rate of 11.0. The rates for influenza and pneumonia increased over the previous year in all three jurisdictions, chiefly because of the epidemic of Asian influenza. The suicide rate in San Francisco is notably higher than the State and national rates.

STATISTICAL REPORT FOR THE 41st WEEK ENDING OCTOBER 10, 1958.

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	11	11	1096	2132
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	10
GONORRHEA	38	26	1562	1403
INFECTIOUS HEPATITIS	2	0	53	29
INFLUENZA	1	-	176	172
MEASLES	9	10	2237	702
MUMPS	16	19	1132	902
POLIOMYELITIS	1	4	7	22

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	19
SALMONELLOSIS	1	1	44	67
SCARLET FEVER	2	2	238	174
SYPHILIS	21	7	498	476
TUBERCULOSIS	4	9	399	458
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	0	0	48	78
POLIOMYELITIS (DISEASE YEAR)**		-	6	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

SYPHILIS 1

	1958	1957
DEATHS RECORDED FOR THE WEEK	183	186
BIRTHS RECORDED FOR THE WEEK	438	465

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 20, 1958

THE SCHOOL TUBERCULIN TESTING PROGRAM

During the last two years, 104 previously unknown cases of tuberculosis have been discovered through the school tuberculin testing program conducted by the Division of Tuberculosis Control of the San Francisco Department of Public Health. With the cooperation of school authorities, this program was inaugurated in September, 1956, in all public and parochial schools in San Francisco. At the end of the last school year, 76 new cases had been uncovered in the schools and follow-up of contacts revealed 28 new adult cases at home.

The school skin testing program annually tests all students in the first, seventh, tenth and twelfth grades and, except for kindergarten pupils, all students new to San Francisco schools. All previously known positive reactors are excluded. In 1956-1957, 25,286 students were tested. Of these, 1,492 reacted positively to the tuberculin (5.9%). The follow-up of the positive reactors revealed 10 cases of tuberculosis in high school, 11 in junior high, and 23 in elementary school - a total of 44 cases in school children. Their family contacts revealed 18 new adult cases at home. In 1957-58 there were 1,125, or 6.7% positive reactors out of 16,904 tested. The follow-up revealed 32 cases in school children - 9 in high school, 2 in junior high and 21 in elementary. Ten new adult cases were found at home. The case-rate for both years is essentially the same with 1.8 cases per each 1,000 students tested, or when family contact cases are included, 2.4 cases per 1,000.

For some time the minifilm x-ray has been an excellent screening method of finding cases of tuberculosis. However, with the decrease in the number of deaths and cases in San Francisco in recent years there has been a decrease in its productivity as a case finding method, except in special groups of people. After study, this Department determined that a school tuberculin testing program would provide more accurate data on the degree of infection and the detection of both active cases within the school and of source cases. The results indicate that this program has proven to be an excellent case-finding procedure. The tuberculin test is a simple diagnostic skin test which consists of the injection of a clear fluid called tuberculin between the layers of the skin, usually on the forearm. When the site is examined by the doctor two to four days later, the size of the swelling indicates a positive or negative reaction. A positive test does not mean that the person has tuberculosis, but merely indicates that the body has been invaded by the tubercle bacillus at some time. Further examination including a chest x-ray is necessary to determine the presence of clinical tuberculosis.

STATISTICAL REPORT FOR THE 42nd WEEK ENDING OCTOBER 17, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	6	14	1102	2135
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	10
GONORRHEA	41	27	1603	1432
INFECTIOUS HEPATITIS	0	1	53	29
INFLUENZA	0	-	176	188
MEASLES	13	12	2250	714
MUMPS	39	13	1171	908
POLIOMYELITIS	0	4	7	22

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	19
SALMONELLOSIS	2	1	46	67
SCARLET FEVER	8	3	246	180
SYPHILIS	16	7	514	482
TUBERCULOSIS	7	12	406	473
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	0	2	48	81
POLIOMYELITIS (DISEASE YEAR)**		-	6	14

DEATHS FOR THE FROM REPORTABLE DISEASES:

PNEUMONIA	4
SYPHILIS	1
TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	173	151
BIRTHS RECORDED FOR THE WEEK	381	518

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — OCTOBER 27, 1958

ALCOHOLISM

Approximately 600,000 or 7% of the population of California age 20 and over are alcoholics. This estimate, based on the Jellinek formula, indicating a rate of 7,060 per 100,000 was contained in a recent report, "Alcoholism and California - Related Statistics 1900-1956" published by the State Department of Public Health. While there is no direct means of determining objectively the number of alcoholics, E. M. Jellinek has devised a formula whereby the number of alcoholics who exhibit a diagnosable physical or psychological change due to prolonged excessive drinking can be estimated from the reported deaths from cirrhosis of the liver. It is generally believed that the application of this formula provides reasonably reliable indications of the magnitude of the problem.

The State report indicates that the trend from 1910 to 1955 shows an increase of 457 per cent in California, compared with an increase of 76 per cent for the United States. California has the dubious honor of ranking first among all states in the rate of alcoholism. It is followed in order by Connecticut, Nevada, Delaware, New York, and New Jersey. It is interesting to note that the male-female ratio of alcoholics in 1955 is 4.9 to 1 in California compared with 5.6 to 1 in the United States. With respect to counties, average rates for the three-year period 1954-56 show San Francisco in first place with a rate of 15,010 per 100,000 age 20 and over - more than twice the State rate. We are followed in order by Mariposa and Amador counties (both rural, sparsely populated counties) with rates of 14,690 and 12,500 respectively and then by Alameda County with an average rate of 7,680, Los Angeles-6,810, San Diego - 4,620, San Mateo - 4,120 and Contra Costa - 4,000.

Alcoholism is a behavioral disorder causing some degree of physical, social or economic disability in over one-half million Californians. What causes alcoholism? While it may be related to constitutional, psychological, sociologic and other factors, its exact cause is not established. But we need not wait for research to reveal precise etiology before applying all the community resources available in prevention and treatment. An illness which is responsible for a vast amount of human suffering, family break-up, economic loss, treatment in hospitals or clinics, jailing, and hundreds of San Francisco deaths calls for concerted action by an understanding and informed community.

STATISTICAL REPORT FOR THE 43rd WEEK ENDING OCTOBER 24, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	20	13	1122	2143
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	10
GONORRHEA	37	37	1640	1484
INFECTIOUS HEPATITIS	2	1	55	29
INFLUENZA	0	-	176	212
MEASLES	17	11	2267	725
MUMPS	32	9	1203	914
POLIOMYELITIS	0	2	7	22

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	1	8	21
SALMONELLOSIS	1	2	47	69
SCARLET FEVER	6	4	252	181
SYPHILIS	6	11	520	494
TUBERCULOSIS	9	10	415	479
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	0	2	48	83
POLIOMYELITIS (DISEASE YEAR)**	-		6	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	4
MENINGITIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	187	195
BIRTHS RECORDED FOR THE WEEK	360	410

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN. ** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 3, 1958

PARENTS' MEETINGS ON EMOTIONAL DEVELOPMENT

The psychiatric profession feels some confidence in its therapeutic techniques. It knows a fair amount about treating ill people - although there is still much to learn. However, when it comes to adapting psychiatric knowledge to techniques of preventive mental hygiene, psychiatry is only now beginning to learn how to do this. Many times in the past a psychiatrist or psychologist from the San Francisco Department of Public Health has spoken to parent groups on child development. But these engagements have always been one-meeting affairs - allowing an insufficient time to help parents gain the understanding needed to work out problems associated with the emotional development of children.

For the past month, the Division of Mental Hygiene of this Department has been conducting an experimental program in parent education designed to afford ample time for discussion. A series of five weekly meetings under the leadership of a psychiatrist have been held with two different groups - parents in the Ocean View Cooperative Nursery School and a group comprised of the general public who met at the Sunset Health Center. One of five carefully selected motion pictures, relating to the development of personality and the development of emotional problems in children, was shown at each session. This was followed by an hour's free discussion among the members of the group under the guidance of the psychiatrist who presented his own viewpoint when appropriate. After the discussion the parents were asked to fill out evaluation forms, giving their frank opinions of the film and discussion. They were asked to give their criticisms and suggestions regarding the conduct of the session and how, if at all, the program was helpful to them. These evaluations by the parents will be used in planning and modifying the next series of meetings.

Beginning on Wednesday, November 5 at 1:30 P.M., the second series of weekly discussion meetings on emotional development will begin at the Sunset Health Center, 41st Avenue and Pacheco Street. One of the following five films will be shown at each session:- Children's Emotions, Emergence of Personality, Fears of Children, Shyness and Sibling Relations and Personality. There is no charge and parents may attend any or all of the meetings. Further information may be secured from our Mental Hygiene Division (UNderhill 1-4701, Extension 97).

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STATISTICAL REPORT FOR THE 44th WEEK ENDING OCTOBER 31, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	11	9	1133	2150
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	10
GONORRHEA	58	26	1698	1507
INFECTIOUS HEPATITIS	2	0	57	29
INFLUENZA	1	-	177	236
MEASLES	23	5	2290	729
MUMPS	16	9	1219	918
POLIOMYELITIS	0	1	7	22

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	21
SALMONELLOSIS	4	0	51	69
SCARLET FEVER	5	2	257	185
SYPHILIS	18	10	538	504
TUBERCULOSIS	11	11	426	486
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	0	0	48	83
POLIOMYELITIS (DISEASE YEAR)**		-	6	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
PSITTACOSS	1
SYPHILIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	203	215
BIRTHS RECORDED FOR THE WEEK	378	331

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 10, 1958

LEADING CAUSES OF DEATH FOR SAN FRANCISCO WHITES, NEGROES AND CHINESE BY RANK ORDER AND RATE PER 100,000 POPULATION, 1957

	WHITES		NEGROES		CHINESE	
	RANK	RATE	RANK	RATE	RANK	RATE
ALL CAUSES	-	1289.4	-	898.1	-	880.6
HEART DISEASE	1	507.5	1	225.0	1	258.1
CANCER	2	236.6	2	144.2	2	145.2
VASCULAR LESIONS OF C.N.S.	3	133.6	5	48.1	3	100.0
ACCIDENTS	4	67.7	4	94.2	4	58.1
CIRRHOSIS OF LIVER	5	51.0	7	32.7	-	12.9
PNEUMONIA AND INFLUENZA	6	41.0	8	21.1	6	32.3
ARTERIOSCLEROSIS	7	26.8	-	3.8	-	12.9
SUICIDES	8	25.8	-	7.7	5	45.2
DISEASES OF EARLY INFANCY	9	24.2	3	130.8	8	22.6
ULCERS OF STOMACH AND DUODENUM	10	11.8	-	2.0	-	12.9
DIABETES	11	11.5	10	11.5	7	25.8
TUBERCULOSIS	12	9.7	-	3.8	8	22.6
CONGENITAL MALFORMATIONS	13	9.3	6	40.4	10	16.2

The white, Negro and Chinese racial groups account for an estimated 87.4%, 6.7% and 4.0% respectively of the population of San Francisco. Doctors, nurses, social workers and other professional health and welfare workers may find it useful to note the difference in death rates between these racial groups. The table shows that the death rates for whites are much higher than the other two groups for the first three ranking causes of death and for cirrhosis of liver and arteriosclerosis. Whites have the lowest rate for congenital malformations. Negro death rates are particularly high for diseases of early infancy and congenital malformations. Rates for vascular lesions of C.N.S., arteriosclerosis, suicides and ulcers are appreciably lower for the Negro. Chinese death rates are highest for suicides, diabetes and tuberculosis but lowest for accidents, cirrhosis of liver and diseases of early infancy.

STATISTICAL REPORT FOR THE 45th WEEK ENDING NOVEMBER 7, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	12	16	1145	2154
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	10
GONORRHEA	40	29	1738	1536
INFECTIOUS HEPATITIS	2	1	59	29
INFLUENZA	0	-	177	262
MEASLES	18	20	2308	741
MUMPS	27	15	1246	931
POLIOMYELITIS	0	4	7	22

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	21
SALMONELLOSIS	1	2	52	71
SCARLET FEVER	6	3	263	191
SYPHILIS	22	5	560	509
TUBERCULOSIS	6	7	432	490
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	1	0	49	84
POLIOMYELITIS (DISEASE YEAR)**			6	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 1

	1958	1957
DEATHS RECORDED FOR THE WEEK	186	163
BIRTHS RECORDED FOR THE WEEK	430	535

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 17, 1958

FACTORS INFLUENCING THE INCREASE IN VENEREAL DISEASE

Reported venereal diseases in San Francisco so far this year show an increase over the same period of 1957. In fact, there has been a gradual increase in the past two to three years. The majority of health jurisdictions in the United States have had comparable experiences during this period.

Some explanations have been elicited for this situation, the relative importance of each varying from community to community. Venereal diseases are predominantly diseases of people under 30 and with this age group representing an increased proportion of the total population, there would be a greater number of cases reported - which may not be as dramatic when age corrected rates are considered. This, combined with the consequences of newer methods of therapy and a probable loosening of the moral fibre in society with the accompanying promiscuity, could contribute to a possible rise.

Some, or all of the above factors, may have some bearing on the situation here in San Francisco. In addition, The San Francisco Health Department's activities in patient education, case finding and treatment have been carried on in such a manner as to encourage patient confidence with resultant cooperation in making early diagnoses and more successful contact investigation. The valid measures of accomplishment in the case finding activities of this Department compare most favorably with other jurisdictions in the state, and for that matter, in the nation.

In the past few years, the number of venereal disease cases reported by private physicians has doubled, reflecting recent efforts to facilitate such reporting. Such increases in reporting give a false impression of an expanding rate of disease in the community. Historically, it was felt some correlation existed between a high venereal disease rate and organized prostitution, which is no longer completely valid. Epidemiologic investigations carried on by this Department indicate that only 1 - 2% of patients diagnosed as having a venereal disease and interviewed for their contacts, contracted their infection in this manner. In this regard, the San Francisco Police Department is continuing its successes in the control of prostitution.

STATISTICAL REPORT FOR THE 46th WEEK ENDING NOVEMBER 14, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	15	15	1160	2158
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	10
GONORRHEA	41	35	1779	1575
INFECTIOUS HEPATITIS	2	0	61	29
INFLUENZA	0	-	177	286
MEASLES	21	7	2329	747
MUMPS	38	16	1284	941
POLIOMYELITIS	0	2	7	22

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	21
SALMONELLOSIS	1	1	53	71
SCARLET FEVER	4	4	267	198
SYPHILIS	22	5	582	517
TUBERCULOSIS	12	12	444	500
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	8	0	57	84
POLIOMYELITIS (DISEASE YEAR)**			6	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	2
TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	18[illegible]	205
BIRTHS RECORDED FOR THE WEEK	358	301

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — NOVEMBER 24, 1958

A GROWING PROBLEM

The attention which from time to time is focused on the overcrowding of patients at San Francisco General Hospital and Laguna Honda Home serves to highlight a growing problem affecting a sizable segment of our community and engaging the serious attention of the medical profession and community agencies alike. This problem has to do with the care of chronically ill patients suffering from varying degrees of incapacity, whose economic reserve is decreased because of inability to work and to produce and who are likely to need hospital beds for a longer time per person. These long term patients include the tuberculous, the alcoholic with cirrhosis of the liver or other physical damage related to drinking, those suffering from the effects of heart trouble, cerebral vascular accidents, arthritis or malignancies and those having neurologic or orthopedic conditions.

This "population at risk" constitutes a core of the population which is derived from a lower economic level of our community and is proportionally larger than those of most of our neighboring counties or even of the State as a whole. The sociologic implications of the problem are further emphasized by the fact that we have more single people (those divorced, widowed or never married) than any other area in the State. When a chronic illness strikes and their money runs out or they can no longer pay for - let alone find - a nursing or convalescent home, these patients must of necessity become the responsibility of the community. This combination of factors results in the filling of the Laguna Honda Home chronic hospital beds to approximately 100% of its 900 bed capacity all the time and fills almost one-fourth of the "acute" hospital beds at San Francisco General Hospital.

The recent opening of forty chronic beds at Laguna Honda Home and an additional 268 in January 1959 will alleviate the situation - for a while. Ultimately the bottleneck will reappear as the problem progresses and San Francisco will once again be seeking ways and means to make further headway against this complex problem which paradoxically results from the success of public health and modern medicine in lengthening the average lifespan of the American adult.

STATISTICAL REPORT FOR THE 47th WEEK ENDING NOVEMBER 21, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	25	34	1185	2169
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	10
GONORRHEA	26	35	1805	1610
INFECTIOUS HEPATITIS	1	1	62	30
INFLUENZA	0	-	177	313
MEASLES	24	9	2353	755
MUMPS	45	21	1329	949
POLIOMYELITIS	1	0	8	22

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	21
SALMONELLOSIS	2	2	55	71
SCARLET FEVER	5	4	272	207
SYPHILIS	17	6	599	528
TUBERCULOSIS	14	12	458	504
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	0	2	57	87
POLIOMYELITIS (DISEASE YEAR)**	-		7	14

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 3

	1958	1957
DEATHS RECORDED FOR THE WEEK	165	197
BIRTHS RECORDED FOR THE WEEK	479	391

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

~~ELLIS D. SOX, M.D., DIRECTOR~~

DECEMBER 1, 1958

THE OUNCE OF PREVENTION

Science is chipping away at the 2,000-year old problem of the common cold, but contrary to commonly accepted public opinion, no real cure for colds is known nor at present is there any medicine that will destroy the cold germs once they have taken hold in the body. Drugs such as the new anti-histamines when properly used may seem to lessen the symptoms and make one feel better at times, but you get over a cold only after the body has overcome the "cold" germs. So called "cold cures" are expensive and useless; often they may even hide signs of a more serious illness. Whether one needs such drugs or vaccines should be a matter for one's physician to decide.

Nor is there any known way to prevent ALL colds. Most of us get a cold once a year and some people may get them more often. Resistance to the common cold is largely influenced by our overall physical condition and by our everyday general health habits, such as those relating to nutrition and rest. With nutrition, for example, though food means different things to different people, the net effect is the same. In other words, good nutrition simply means getting the proper amounts of the right kinds of food to enable us to do the things we want and need to do. The second important item is the matter of rest. Even the simple act of lying down gives the body a chance to rest, time to recuperate from the strain and stress of everyday living. While the amount of sleep needed varies from individual to individual if one's sleep does not result in a feeling of general restfulness, a close look should be taken at the possible reasons why.

Some simple, positive rules to follow in the avoidance of colds are:

(1) Eat a well balanced diet - you'll have a better chance of fighting off cold germs.
(2) Get plenty of sleep and rest. Avoid fatigue.
(3) Suit your clothes to the weather - avoid getting chilled or wet.
(4) Stay away from people who have colds and avoid using their personal articles.
(5) Avoid crowds during the months when colds are common.

BUT IF YOU DO GET A COLD, TREAT IT LIKE A SECRET - KEEP IT TO YOURSELF!

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STATISTICAL REPORT FOR THE 48th WEEK ENDING NOVEMBER 28, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	11	30	1196	2178
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	10
GONORRHEA	45	27	1850	1648
INFECTIOUS HEPATITIS	1	1	63	33
INFLUENZA	0	-	177	323
MEASLES	16	11	2369	761
MUMPS	21	12	1350	955
POLIOMYELITIS	0	1	8	22

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 4

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

CASES REPORTED:	FOR THE WEEK -	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	21
SALMONELLOSIS	1	2	56	74
SCARLET FEVER	4	5	276	213
SYPHILIS	16	11	615	540
TUBERCULOSIS	5	7	461	510
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	0	1	57	87
POLIOMYELITIS (DISEASE YEAR)**	-		7	14

	1958	1957
DEATHS RECORDED FOR THE WEEK	158	170
BIRTHS RECORDED FOR THE WEEK	332	285

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

DECEMBER 8, 1958

SEAT BELTS SAVE LIVES

While the careful driver is still the best protection against injury or death from an auto accident, safety devices are valuable in minimizing injuries when an accident does occur. The auto seat belt is one such safety device. The State Department of Public Health recently estimated that from 1,000 to 1,500 traffic deaths could be prevented annually in California if seat belts had been in use at the time of each auto crash.

The value of seat belts has been well documented by highway experience and in recent years, by crash injury research. It has become increasingly evident that serious injury from an auto crash is apt to occur when the occupants are thrown against part of the interior or, particularly, when they are thrown out of the car. The Automotive Crash Injury Research Project at Cornell University Medical College has compared and analyzed nearly identical accidents resulting in 10,000 injury cases. Data on about 7,000 occupants of cars involved in crashes is used in the following table to compare the risks of fatal injury for those remaining inside the car and those thrown out.

RISKS OF FATAL INJURY FOR THOSE EJECTED AND THOSE NOT EJECTED

	NOT FATALLY INJURED	FATALLY INJURED	TOTAL	PER CENT FATALLY INJURED
EJECTED	876	121	997	12.1
NOT EJECTED	5,843	147	5,990	2.5
TOTAL	6,719	268	6,987	3.8

It is obvious that ejected occupants of automobiles have a much higher risk of fatality than those remaining inside the car. In addition to fatal injuries, ejection of auto occupants in nonfatal injuries is important, particularly those which are seriously disfiguring or disabling. The study indicates that the person thrown out in an accident has 2½ times greater chance of being injured than the person wearing a seat belt and not thrown out. Further, the data shows that the risk of injury or death is much greater when the occupant remains inside the car but is not wearing a seat belt and thus can be thrown about inside the car. The incorporation of safety features in new car design such as safety locks on doors, padded dashboards and recessed steering wheels also contributes to the safety of the occupants. But it is estimated that about one-half of the lives lost in auto crashes could be saved by the installation and use of just one proven safety device - the auto seat belt.

STATISTICAL REPORT FOR THE 49th WEEK ENDING DECEMBER 5, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	17	30	1213	2192	RHEUMATIC FEVER	0	0	8	22
DIPHTHERIA	0	0	0	1	SALMONELLOSIS	2	1	58	75
EPIDEMIC MENINGITIS	0	0	6	12	SCARLET FEVER	5	4	281	219
GONORRHEA	35	33	1885	1684	SYPHILIS	11	5	626	543
INFECTIOUS HEPATITIS	0	1	63	36	TUBERCULOSIS	9	11	469	514
INFLUENZA	0	-	177	344	TYPHOID FEVER	0	0	3	1
MEASLES	10	17	2379	773	WHOOPING COUGH	0	1	57	87
MUMPS	21	26	1371	972					
POLIOMYELITIS	0	1	8	24	POLIOMYELITIS (DISEASE YEAR)**	-		7	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:	
PNEUMONIA	4
TUBERCULOSIS	1
TYPHOID FEVER	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	202	224
BIRTHS RECORDED FOR THE WEEK	418	424

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 15, 1958

REMODELING AT SAN FRANCISCO GENERAL HOSPITAL

In November, 1954, San Francisco voters approved a ballot proposition to provide funds for the remodeling and modernization of San Francisco General Hospital. This rehabilitation of the physical plant, financed by the $5,830,000 bond fund and by budget appropriations for deferred maintenance, is approximately half completed. Many months devoted to developing plans and securing bids are required for a large project of this kind. Further, continuous medical and nursing care must be provided the patients in a hospital during any remodeling and construction. Two years ago we reported here on the progress made in the physical rehabilitation of the Hospital. Since then additional projects have been completed and others are under way.

The remodeling of the Admitting Unit, formerly known as Mission Emergency Hospital has been completed, including the new work area for the social service staff. Newly refinished wards in the Maternity Building are now occupied by Pediatrics, Gynecology, Maternity and Outpatient Clinics. The eastern wing of the tuberculosis hospital has already been remodeled, and the western wing will be completed in a few months. The remodeling of the central wing will start shortly after July 1. Construction of connecting corridors and remodeling to provide modern and efficient wards for the care of patients is now going on in the main wings facing Potrero Avenue. Each wing will be closed for about ten months during this modernization. A cobalt therapy unit, a gift of the San Francisco Branch, American Cancer Society, and of a private individual, has been installed in its own building in the X-Ray Department. Within the next two months work will start on the first floor of the Communicable Disease Building, in which will be installed modern clinical laboratories. The second floor of the western wing will subsequently contain additional space for research laboratories. Thought is being given to the utilization of the second and third floors of the eastern wing as an outpatient facility. Other plans being developed include the remodeling of the Psychiatric Building, an outdoor recreation area for psychiatric patients, the construction of a teaching pavilion and remodeling of space for the pathological laboratory.

The improvement of these physical facilities not only reflects the city's concern for meeting its responsibilities for care of the indigent sick but will make possible more effective patient services by the staff of the hospital, in keeping with our slogan — "Where We Care".

STATISTICAL REPORT FOR THE 50th WEEK ENDING DECEMBER 12, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	14	30	1227	2211
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	12
GONORRHEA	39	33	1924	1699
INFECTIOUS HEPATITIS	0	1	63	37
INFLUENZA	0	-	177	357
MEASLES	52	13	2431	786
MUMPS	41	24	1412	993
POLIOMYELITIS	2	1	10	24

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	22
SALMONELLOSIS	5	2	63	77
SCARLET FEVER	9	8	290	222
SYPHILIS	18	7	644	550
TUBERCULOSIS	7	12	475	521
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	1	3	58	90
POLIOMYELITIS (DISEASE YEAR)**	-		9	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	6
TUBERCULOSIS	1

	1958	1957
DEATHS RECORDED FOR THE WEEK	213	191
BIRTHS RECORDED FOR THE WEEK	430	430

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR — DECEMBER 22, 1958

A MERRY CHRISTMAS

and a

HEALTHFUL and HAPPY

NEW YEAR

TO ALL OUR FRIENDS

From the employees of

The San Francisco Department
of Public Health

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STATISTICAL REPORT FOR THE 51st WEEK ENDING DECEMBER 19, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	25	16	1252	2227
DIPHTHERIA	0	0	0	1
EPIDEMIC MENINGITIS	0	0	6	13
GONORRHEA	46	27	1970	1758
INFECTIOUS HEPATITIS	0	0	63	37
INFLUENZA	0	-	177	370
MEASLES	19	9	2450	795
MUMPS	36	18	1448	1011
POLIOMYELITIS	0	1	10	23

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
RHEUMATIC FEVER	0	0	8	22
SALMONELLOSIS	3	2	66	78
SCARLET FEVER	6	3	296	230
SYPHILIS	22	5	666	560
TUBERCULOSIS	9	12	481	533
TYPHOID FEVER	0	0	3	1
WHOOPING COUGH	0	2	58	90
POLIOMYELITIS (DISEASE YEAR)**		-	9	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA	10

	1958	1957
DEATHS RECORDED FOR THE WEEK	248	214
BIRTHS RECORDED FOR THE WEEK	427	384

* NORMAL EXPECTANCY BASED ON A FIVE-YEAR MEDIAN.

** "DISEASE YEAR" BEGINS ON APRIL 1ST.

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR DECEMBER 29, 1958

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Greetings

HAPPY NEW YEAR TO YOU ALL!

To the twenty-eight hundred employees of the San Francisco Department of Public Health go the best wishes of the Administrative Staff for a happy 1959. To you also goes our appreciation for a job well done during the past year.

We extend to all our friends throughout the City our deep appreciation for their interest and support in our activities, and specifically wish to single out the hundreds of volunteers who assist us in our institutions and in our clinics, bringing cheer to patients and assistance us in our day to day work.

To the hundreds of physicians in San Francisco who have donated thousands of man hours of their time in the interest of our patients, we extend our thanks and our best wishes for 1959. To the press and to the radio and television industries go our appreciation for assistance in our educational services in pointing out to the public the problems and the progress made in meeting those problems during 1958. We appreciate also the excellent working relationships existing between the Department of Public Health and the other departments of City government.

All of these joint efforts have made 1958 a better year as far as the health of the people of San Francisco is concerned. To all of you our thanks and our sincere wishes for health and happiness throughout the New Year.

STATISTICAL REPORT FOR THE 52nd WEEK ENDING DECEMBER 26, 1958

CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE	CASES REPORTED:	FOR THE WEEK	5-YEAR MEDIAN*	1958 TO DATE	1957 TO DATE
CHICKENPOX	15	15	1267	2233	RHEUMATIC FEVER	0	0	8	22
DIPHTHERIA	0	0	0	1	SALMONELLOSIS	2	1	68	81
EPIDEMIC MENINGITIS	0	0	6	13	SCARLET FEVER	1	4	297	236
GONORRHEA	39	32	2009	1785	SYPHILIS	11	5	677	570
INFECTIOUS HEPATITIS	3	0	66	37	TUBERCULOSIS	11	11	492	545
INFLUENZA	0	-	177	392	TYPHOID FEVER	0	0	3	1
MEASLES	21	12	2471	803	WHOOPING COUGH	0	1	58	91
MUMPS	17	16	1465	1026					
POLIOMYELITIS	0	1	10	24	POLIOMYELITIS (DISEASE YEAR)**		-	9	16

DEATHS FOR THE WEEK FROM REPORTABLE DISEASES:

PNEUMONIA 5 TUBERCULOSIS 1

	1958	1957
DEATHS RECORDED FOR THE WEEK	176	195
BIRTHS RECORDED FOR THE WEEK	326	296

* NORMAL EXPECTANCY BASED ON A FIVE YEAR MEDIAN ** "DISEASE YEAR" BEGINS ON APRIL 1ST

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